#### INSTRUCTION. O DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

			OF PUBLIC TION REPORT	
1.	Curb materia b. Driven c. Drilled	Bı . Drive Pip 	uried Slab: Yes_ e Diamin.	Noft. Depthft. In Rock
	a. Grout:	(KIND)	FROM (Ft.)	TO (F1.)
		<del></del>	<u> </u>	
2.	Distance to Nec			
	Building 4	<u>~</u> Ft.		eld
	Cess Pool			iron)
	Privy			) <u> </u>
	Septic Tank			
_	Leaching Pit			
				es_LNo
4.	Date well compl	eted 7/2	3/79	
5.	Permonent Pump	p Installed? Ye	sDate	No_L
			peLoca	
_				Ft.
7.			es No	
	Manufacturer		Model Numl	oer
_	How attached to			
8.	Well Disinfected	d? Yes	No	

9. Pump and Equipment Disinfected? Yes\_\_\_\_ 10. Pressure Tank Size\_\_\_\_gal. Type\_

		010	<b>1</b>			
10.	Propert	y owner Set Viscon	regge	Well No.	-	<del></del>
		12 - ty		27. 41	2	V 51
11	Driller	No. 8393	Licens Date	3 1/3	Ž7	9
		rom Overaci	13. Cou	aty ba		
		/ Formation		6.50		
14		th <u>  6                                  </u>	Sec. Twp		<b>`</b>  -	
14.		:ft. Slot	•	30	<b> </b>	
			Elev		_	
15.	Casing	and Liner Pipe			L	
DI	m. (in.)	Kind and Weight	From (Ft.)	To (Ft.)	1.00	SHOW CATION IN
	6	delasta		10	BEC	tion plat
	36	Concrete		32	Se	SE M
16.	Size H	ole below casing:	in.			
		levelft. below casi		h is		ft.
		ground level. Pumping lev				
		_				
	gpm 10	r hours.				
18.		ORMATIONS PASSED THROUGH	3Н	THICK	N E SS	DEPTH OF BOTTOM
18.			зн			
18.			3H	1	6	16
18.			3H	1	ص ا	
18.			3H	1	6	16
18.			3H	1	ص ا	16
18.			3H	1	ص ا	16
18.			SH SH	1	ص ا	16
18.			3H	1	ص ا	16
18.			3H	1	ص ا	16
18.			3H	1	ص ا	16
18.			34	1	ص ا	16
	6 (c)	but the		1	ص ا	16
	6 (c)	CORMATIONS PASSED THROUGH	NECESSARY		ص ا	16
	6 (c)	CORMATIONS PASSED THROUGH	NECESSARY		ص ا	16
	6 (c)	CORMATIONS PASSED THROUGH			ص ا	16

GEOLOGICAL AND WATER SURVEYS WELL RECORD

#1

Location \_

**REMARKS:** 

11. Water Sample Submitted? Yes

White CorIII. Do. f Public Health
Yellow Cc. — Well Contractor
Blue Copy — Well Owner

FILL IN ALL PERTINENT INFORMATION R' LESTED AND MAIL ORIGINAL TO STATE DE-PARTMENT OF PUBLIC HEALTH, ROOM 6..., STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

1.	Type of Well
İ	a. Dug Bored Hole Diamin. Depthft.
	Curb material Buried Slab: YesNo
	b. Driven Drive Pipe Diamin. Depthft.
1	c. Drilled Finished in Drift In Rock
1	Tubular Gravel Packed
-	d. Grout: (KIND) FROM (Ft.) TO (Ft.)
1	
-	
İ	
2	Distance to Negrest:
1	Building 75 Ft. Seepage Tile Field 150
	Cess Pool Sewer (non Cast iron)
	Privy Now Sewer (Cast iron)
	Septic Tank 110 Barnyard Now
1	Leaching Pit Manure Pile
3	Is water from this well to be used for human consumption?
1	Yes No
4	Yes No No Date well completed 5 2 9 - 68
5.	Permanent Pump Installed? YesNo
j	Manufacturer Type
İ	Capacitygpm. Depth of settingft.
	Well Top Sealed? YesNo
٥. سا	men rop segred? res
7.	Pitless Adaptor Installed? YesNo
8.	Well Disinfected? Yes No
9.	Water Sample Submitted? YesNo
:	-
lΕ	MARKS:

GEOLOGICAL WATER SURVE		R WEL	L RE	CORD
10. Dept. Mines and Minerals permit!  11. Property owner Real Present Address Sulfstone Driller Sulfstone  12. Water from Formation at depth to ft.  14. Screen: Diam. in. Length: ft. Slot	No. N.F.41 M.F.41 M.F.41 Licens 13. Cour Sec. Twp Rng.	well No. 9	dga K	12-
15. Casing and Liner Pipe			, <b>L</b>	SHOW
Diam. (in.) Kind and Weight  48" interelle	From (Ft.)	3 7	SEC	CATION IN FION PLAT
		Ĺ <u>.                                    </u>	}	
16. Size Hole below casing:	in.			_
17. Static level <u>20</u> ft. below casi above ground level. Pumping lev				
gpm for hours.	61 1(,	wnen p	mhit	j at
18. FORMATIONS PASSED THROUGH	3H	THIC	(NESS	DEPTH OF BOTTOM
· Char		18	1	
		a	PF	
- Sand	· . · · · · · · · · · · · · · · · · · ·	1-7	11	
- Udaj		10	11	
				<b></b>
		<u> </u>		
(CONTINUE ON SEPARATE SHEET IF	NECESSARY)			
SIGNED Stut Beheme	Je DA	re <u>//</u>	-13	-19

#### INSTRUCTIONS TO DRILLERS

White Cr III. C of Public Health
Yellow Ly - Well Contractor
Blue Copy - Well Owner

FILL IN ALL PERTINENT INFORMATION UESTED AND MAIL CRIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

	Type of Well  a. Drg
	d. Groot: ( (Y'ND) FROM (FL) TO (FL)
2.	Distance to Newest:
•	Building 30 Ft. Seepage Tile Field 130
	Cess Pool Sewer (non Cast iron)
	Septic Tonk 2 Barnyard
	Leaching Fit Manure File
3.	Well furnishes water for human consumption? Yes VNo
	Date weil completed 8-12-77
5.	
	Manufacturer Type Location
c	Capacitygpm. Depth of SettingFt.
٥. 7	Well Top Sealed? Yes No Type Pitless Adapter Installed? Yes No
٠.	Manufacturer Model Number
	How attached to casing?
8.	Well Disinfected? YesNo1
9.	Pump and Equipment Disinfected? YesNo
10.	
	Location
11.	Water Sample Submitted? YesNo
RE	MARKS:

	GEOLOGICAL AND WATER	SURVEYS	WELL RI	CORD	)
	$\sim 11 \circ$	1 + Go	shit ]		
16.	Property owner ocott, Land	und C	Well No.		
	Address Ofellaham	, 24			
	Driller	Licens	e No9_	2-4	7.1
11.	Permit No. 648911	Date _	1 8	:77.	
12.	Water from	13. Cour	117 <u>Yoku</u>	and &	many
	at depth 13 to 15 ft.	Sec.	6:40	2	TT
14	Screen: Diamin.		N8.	<b>}</b> !	
*3.	Leroth:ft. Slot	Rae	34/	<b>  </b>	X
			·		
,S.	Casing and Liner Pipe	5101		-	
Cita	m (in.)   Kind and Foight	From (Ft )	To (FL)	196	ov Iov in
	1- 10-1		63	SECTION	PLAT
-		}	31	و دي	WIE
-	36 00	·	21		
<u> </u>		ال			
	Size Hole below coning:				
17.	Static levelft. below casi				
	above ground level. Pumping lev	/e! It.	when pun	ping at	
	gpm forhours.				
18.	FORMATIONS PASSED THROU	GН	THICK	ESS DE	PTP OF
	- A l' .	<del></del>			. 7
		<del></del>			
	sull		_		15
					71
	- June -				<u> </u>
			1	1	
					<del></del>
		<del></del>			
			ł	- 1	
(C	ONTINUE ON SEPARATE SHEET IF	NECESSARY	<u> </u>		
,-	5	1	_	_	
SIG	NED lugue Sen	La DA	TE 8	-/2-	77
	0	7-5.			
		,			

White Copy - III. Dept. o \_blic Health Yellow Copy - Well Contractor Blue Copy - Well Owner

FILL IN ALL PERTINENT INFORMATION REQL . ED AND MAIL ORIGINAL TO STATE DE-PARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

	1	
1.	Type of Well  c. Dug Bored Hole Diam. Sin. Depth f  Curb material Buried Slab: YesNo	
	Curb material Ruried Slah: Vas No.	٠
	b. Driven Drive Pipe Diamin. Depthf	
	c. Drilled Finished in Drift In Rock	
	Tubular Gravel Packed	-
	d. Grout:	_
	(KIND) FROM (Ft.) TO (Ft.)	_
		_
		_
^		
2.	Distance to Nearest:	
	Building Ft. Seepage Tile Field Sewer (non Cast iron)	
	Privy Sewer (Cast iron) Septic Tank Barnyard	
	Leaching Pit Manure Pile	
2		_
Э.	Is water from this well to be used for human consumption?  YesNo	
	Date well completed	
	· · · · · · · · · · · · · · · · · · ·	
Э.	Permanent Pump Installed? YesNoNo	-
	ManufacturerType Capacitygpm. Depth of setting	_
_		11
ъ.	Well Top Sealed? YesNo	
	Pitless Adaptor Installed? YesNo	_
8.	Well Disinfected? Yes No	
9.	Water Sample Submitted? YesNo	
	•	_
REI	MARKS:	

#### R

no acciding on the Dave

GEOLOGICAL	WATER	SURVEYS	WATER	WELL.	RECORD
anonourour.	11 1 2 7 7 7 1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11	

				~~~		Sec. 1 500
10.	Dept. 1	Migres and Migreals permit	No. 1/ E 40	<u> </u>	Year .	10.00
11.	Fiober	ty owner court of	ullest	NETT 110.		
		Dur Bekenne				
12.				nty		14 1 1 1 1 1 1 1 1 1 1
		from Formation		ام کا	· [-	TYJ
• •		th <u>15</u> to <u>17</u> ft.	Sec.		΄ ├-	+1-1-1
14.		: Diamin. n:ft. Slot	Rng	.8N	· ⊨	
	Lengu	iii. 5i0i	Ele		· L	
15.	Casing	g and Liner Pipe	2.0	· · <u></u>		
Dia	m. (in.)	Kind and Weight	From (Ft.)	To (Ft.)	LO	SHOW CATION IN
ļ	48	Comerciate	1	15/	SEC	TION PLAT
Г					NE	ENEN
$\vdash$			1		i	
16.	Size H	ole below casing:	in.		l	
		level 1.5 ft. below cas		ch is	1	<u>f</u> t.
		ground level. Pumping lev				
	gpm fo	r hours.				
18.	I	FORMATIONS PASSED THROU	GН	THICK	NESS	DEPTH OF BOTTOM
	$\mathcal{L}$				2_	12
		Handy			1	18
					-	
_		<del></del>		<del></del>		
		· · · · · · · · · · · · · · · · · · ·				<del></del>
						Ĺ
-		<del></del>				<del>                                     </del>
	<del></del>	<del></del>	<del></del>			<b></b>
(C	ONTINUI	E ON SEPARATE SHEET IF	NECESSARY)			

#### INSTRUCTIONS TO DRILLERS

White Copy — III. Dept. of Public Health Yellew Copy — Well Contractor Blue Copy — Well Owner

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

<b>ILLINOIS</b>	DEF	PARTMENT	OF	<b>PUBLIC</b>	HEALTH
WE	ELL	CONSTRUC	TIOI	N REPOF	<b>T</b>

	Type of Well  a. Dug Bornd Hole Diamin. Depthft.  Curb material Buried Slab: YesNo  b. Driven Drive Pipe Diamin. Depthft.  c. Drilled Finished in Drift In Rock  Tubular Gravel Packed  d. Grout:  (KIND)	11. Permit No.	No. Y2 -28- ky 1005 3 N	SHOW CATION IN
3.	Distance to Nearest:  Building	16. Size Hole below casing:in.  17. Static levelft. below casing top whic above ground level. Pumping levelft. gpm for hours.	70 SE	
4.	Date well completed 8-18-83	18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Э.	Permanent Pump Installed? YesDateNo ManufacturerTypeLocation	~ <i>\( \)</i>		16
	CapacityFt.		<del></del>	
6.	Well Top Sealed? Yes No Type Pitless Adapter Installed? Yes No	growth + clay mil	<u> </u>	20
7.	Pitless Adapter Installed? Yes No	Clay of	<u> </u>	26
	Manufacturer Model Number	and cl.		40
	How attached to casing?NoNo		<del></del>	<del>                                     </del>
0. Q	Pump and Equipment Disinfected? YesNo	<u> </u>	<u> </u>	
10.	Pressure Tonk Sizegal. Type	·	ŀ	
	Pressure Tank Sizegal. Type Location			
ll.	Water Sample Submitted? YesNo		<del></del>	<del>                                     </del>
RE	MARKS:			<u> </u>
				T
		(CONTINUE ON SEPARATE SHEET IN NEGESSARY)		

# White Copy — III, Dept. of Public Health Yellow Copy — Well Contractor Blue Copy — Well Owner

#### INSTRUCTIONS TO C LERS

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### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Type of Well					
	a. Dug	Bored <u>x</u> . Hol	le Diam. <u>36</u> in	. Depth_35_ft.		
	Curb material Buried Slab: YesNoX					
	b. Driven Drive Pipe Diamin. Depthft.					
	c. Drilled	. Drilled Finished in Drift In Rock				
	<del></del>	Gravel Pa	cked <u>X</u> .			
	d. Grout:	(KIND)	FROM (Ft.)	TO (Ft.)		
		concrete	0	10		
		gravel	10	35		
2	Distance to Ne	renat:				
<b>4.</b>			Seepage Tile Fie	ald ok		
	Cess Pool		Sewer (non Cast			
	Privy	ok	Sewer (Cast iron)	ok		
	Septic Tank	ok	Barnvard	ok		
	Leaching Pit_	ok l	Barnyard Manure Pile	ok		
3		water for human	consumption? Y	es_X_No		
4.	Date well comp	leted July	y 30, 1979			
				Nox_		
	Manufacturer_	Ту	peLocal	tion		
				Ft.		
6.	Well Top Seale	d? Yes_x_No.	Typeco	ocrete cap		
7.	Pitless Adapte	r Installed? Ye	s No	<del></del>		
	Manufacturer		Model Numb	oer		
	How attached t	o casing?				
	Well Disinfecte	d? Yes <u>X</u>	No			
			d? Yes			
10.			Туре			
	Location					
		ubmitted? Yes	No	<u>K</u>		
RE	MARKS:					

### GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Douglas White

Addre	ss 131 Taylorville Ro	l. Hills	boro.	IL_		
Drille	<u>clarence Kohnen</u>	Licens	e No. <u>1</u> 9	02-3	0	•
ll. Permi	No. <u>88057</u>	Date	July 2	<u>6, 1</u>	979	
12. Water	from Red sand & clay	13. Cour	ty Mon	tgom	ery	
at dep	th <u>25</u> to <u>28</u> ft.	Sec.	6.4	1		
14. Screen	: Diamin.	Twp	. <u>8n</u>			
Lengtl	h:ft. Slot	Rge.	3w			
.r. a .	11: D:	Elev	' <del></del>			
	g and Liner Pipe			<u> </u>		
Diem. (in.)	Kind and Weight	From (Ft.)	To (Ft.)		SHOW CATION IN	
36	concrete	0+1	35	BEC1	rion plat N 139'E	d
[					_	•
				SW/	NW NE	
16. Size F	lole below casing:	in.				
	levelft. below cusi		h is		ft.	
above	ground level. Pumping lev	el ft.	when pu	mping	g at	
gpm fo	or hours.					
18.	FORMATIONS PASSED THROUG	ж	THICK	NESS	DEPTH OF BOTTOM	
	topsoil			1	1	
	clay	·		9	10	
	clay			15	25	
<del></del>	red snad clay			3	28	
	blue clay			7	35	
•						
	<del></del>		1			
(CONTINU	JE ON SEPARATE SHEET IF	NECESSARV			<del></del>	
SIGNED Carcuce, Selection DATE July 31, 1979						
SIGNED 7	CONTRACTOR OF A	MALL DA	\TE		J-7 -/ I	
	Mil	/				

#### INSTRUCTIONS TO DRULERS

White Copy — 111. Dept. of Public Health Yellow Copy — Well Contractor Blue Copy — Well Owner

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### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Curb materia b. Driven c. Drilled	nlB Drive Pig Finished	ole Diam. Y in uried Slab: Yes_ be Diamin. in Drift acked	Depthft. In Rock
	u. Givai.	(KIND)	FROM (Fi.)	TO (Ft.)
			<u> </u>	
			1	
2.	Distance to Nee		Seepage Tile Fie	eld
	Cess Pool		Sewer (non Cast	iron)
	Privy Septic Tank		Sewer (Cast iron	
			Barnyard	
•	Leaching Pit _		Manure Pile consumption? Y	<del></del>
J.	Well turnishes	water for human	consumption? Y	es No
4. 5	Date well comp	n Installed? V	es Date	·No
J,	Manufacturer	T	ypeLoca	Hion
			Setting	
6.	Well Top Seale	d? Yes L N	Type	
7.	Pitless Adapte	Installed? . Y	oType /es No	
	Manufacturer		Model Numl	oer
	How attached to Well Disinfecte	o casing?		
8.	Well Disinfecte	d? Yes	No	
9.	Pump and Equip	oment Disinfect	ed? Yes	.No
	Location		Туре	
11.	Water Sample S	ubmitted? Ye	s No	<u></u>
	MARKS:			

### GEOLOGICAL AND WATER SURVEYS WELL RECORD

2/11 N

10. Property owner Kelly Mis	tester	Well No	<del></del>
Address	Mul	صب	
Driller	Licens	e No9_	<u>-471</u>
	Date _		<del>-76</del>
12. Water from Pormation	13. Cou	aty Mar	Mary
at depth / 5 to 2/ft.	Sec.	المنط	مراسل لماس
14. Screen: Diamin.		. <u>8</u> 1	
Length:ft. Slot		3W	
•	Elev		
15. Casing and Liner Pipe		į	
Diam. (in.) Kind and Weight	From (Ft.)	To (Ft.)	MOW LOCATION IN
6 11-1		10	BCTION PLAT
36 comb		2/	SW SE NE
J6 Come			
16. Size Hole below casing:			
17. Static levelft. below casi			
above ground level. Pumping lev	el II.	when pump	ing at
		• •	-
gpm for hours.			
	3H	THICKNS	DEPTH OF SOTTOM
gpm for hours.	ЭН		DEPTH OF BOTTON
gpm for hours.	SH .		DEPTHOF
gpm for hours.	SH .		PEPTHOP  JO  L  L
gpm for hours.	GH		DEPTHOP SOTTION  //
gpm for hours.	GH .		DEPTHOF
gpm for hours.	GH .		DEPTHOF MOTION //
gpm for hours.	GR		DEPTHOF  JO  L/
gpm for hours.	GH		DEPTHOP BOTTON  //
gpm for hours.	GH .		DEPTHOF
gpm for hours.	GH		DEPTHOF  //  L/
gpm for hours.	GH		DEPTHOF SOTTON  //
gpm for hours.	GH		DEPTH OF BOTTOM
gpm for hours.  18. FORMATIONS PASSED THROUGH		THICKNS  15 6	DEPTHOF
gpm for hours.	NECESSARY	THICKNE  15 6	15
gpm for hours.  18. FORMATIONS PASSED THROUGH	NECESSARY	THICKNE  15 6	15
gpm for hours.  18. FORMATIONS PASSED THROUGH	NECESSARY	THICKNE  15 6	-2-76

#### INSTRUCTIONS TO DR' RS

White Copy —

111. Dept. of Public Health
Yellow Copy — Well Contractor
Blue Copy — Well Owner

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### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Type of Well				
	a. Dug Be	oredHo	ole Diam. <u>30</u> in	. Depthft.	
	a. Dug Bored Hole Diam. 30 in. Depth 2 ft.  Curb material Buried Slab: YesNo				
	b. Driven	e Diamin.	Depthft.		
	c. Drilled	Finished	in Drift	In Rock	
	Tubular	Gravel Po	rcked		
	d. Grout:	(KIND)	FROM (Ft.)	TO (Ft.)	
	H	(KIND)	PROM (F.C.)	10 (1)	
	<b>-</b>		<del>}</del>		
	<b> </b> _		<u> </u>	<b> </b>	
	Ĺ		<u> </u>		
2	Distance to Near	est.			
	Building5		Seengge Tile Fig	eld	
	Cess Pool			iron)	
			•	)	
	Privy Septic Tank	100	Bornvard		
3	Well furnishes w				
	Date well comple				
5.	Permanent Pump	Installed? Ye	es Date	No.	
				tion	
	Conacity	gom. Depth of	Setting	Ft.	
6.	Well Top Sealed	Yes_No	Type		
7.	Pitless Adapter	Installed? Y	es No		
	Manufacturer		Model Num	ber	
8.	Well Disinfected	? Yes	No		
9.	Pump and Equips	nent Disinfect	ed? Yes	No	
	Pressure Tank S				
	Location	<del></del>		<del></del>	
11.	Water Sample Sul	mitted? Yes	s No _ <i>L</i>		
	MARKS:				

	DIL	1.1.		
0. Prope	rty owner Debhy C	MYOU	Well No	<del></del>
Addre	SS Hillhorn	TELL		
Drille	I CARYENDO	Licens کے کے	e No <del>'</del>	2-623
11. Permi	t No. // 792 from // Possetton	Date _		
2. Water	from	13. Cour	aty	ontsomen
at der	oth toft.	Sec.	<u>621</u>	
	n: Diamin.	Twp	. <u>8</u> N	
	h:ft. Slot	Rge.	3₩	┝┼┼┼┤
-			/	<del>┝╌┟╌┟╌</del> ┫
15. Casin	g and Liner Pipe			للللا
Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)	SHOW
30	concrete	30		LOCATION IN SECTION PLAT
	CONCICERC	1-0-	N	W NE NE
	<del> </del>	<del> </del>	<u> </u>	
<u></u>	<u> </u>	<u> </u>		·
	Hole below casing:			
	levelft. below casi			
	ground level. Pumping lev	rel ft.	when pum	ping at
gpm i	or hours.			
18.	FORMATIONS PASSED THROU	GH	THICKN	DEPTH OF BOTTOM
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·/^^	UP ON ADDADADA TO AUTOS TO	NEO-1015		<del></del>
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CICNES	Lunga M	ill D	<	18-SU
SIGNED _	- College	D/	ALE	
	/			

#### INSTRUCTION 2 DRILLERS

White coy III, Dept. of Public Health
Yellow Copy - Well Contractor
Slue Copy - Well Owner

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	. Type of Well			
	a. Dug Bore	d_ <u>1_</u> . Ho	le Diam. <u>¥ 4</u> ir	ı. Depth 3 3 ft.
	Curb material	BI	ried Slab: Yes_	<u>LNo</u>
	b. Driven			
	c. Drilled	. Finished	in Drift	In Rock
	Tubular	. Gravel Pa	cked	,
	d Coout:	(KIND)		
		(KIND)	FROM (Ft.)	10 (81.)
	<u> </u>		<u> </u>	
			<u> </u>	
~	Distance to M			
۷.	BuildingCess Pool	) p.	0	eld <u>\$0</u>
	Com Book	FL	Seepage The Fig	ela <u> </u>
				iron)
	Privy	<del></del>	Sewer (Cast iron	
	Privy Septic Tank Leaching Pit		Barnyard	
_				
	. Well furnishes water	er for human	consumption? Y	• <u>\$No</u>
4.				
5.				
	Manufacturer	Ту	peLoca	ition
_	Capacitygp	m. Depth of	Setting	Ft.
<b>6</b> .	. Well Top Sealed?	YesNo	Туре	<del></del>
7.	. Pitless Adapter Inc	stalled? Y	es No	
	Manufacturer			ber
_	How attached to co . Well Disinfected?	ming?		
8.	. Well Disinfected?	Yes	_ No	
	. Pump and Equipme			
10.	. Pressure Tank Size			
	Location			
	. Water Sample Subm	itted? Yes	No	
RE	EMARKS:			

_					
10	D	y owner Chan Shal	Chi-	Wall No	,
10.	rropen	s Jillilia		Mett Mo	•
	Addres	s Julian		12 ()	2 - 1 5 1
		Muly 8221	Licens Date _	e No.	278/1
11.	Permit	No	ے Date _	<u>// - / /</u>	<del></del>
12.	water I	rom Formation	13. Сош	nty	
	at dept	th <u>11</u> to <u>35</u> ft.	Sec.	61	4   1   1
14.		: Diamin.	Twp	. <u> </u>	
	Length	ı:ft. Slot	Rge.	<u> </u>	
			Elev	·	. <del>┣╼╂╼╄╼</del> ╂╼┫
		and Liner Pipe			
Die	m. (in.)	Kind and Weight	From (Ft.)		SHOW LOCATION IN
1	6	planting		10	SECTION PLAT
	3 6	Comments.		35	NEMELE
16	St W	ala halaw analysis	<u> </u>	<u></u>	
		ole below casing: levelft. below casi		-h 1-	£
17.		ground level. Pumping lev			
		r hours.	··	wasa pe	impring ut
18.		ORMATIONS PASSED THROUGH	3H	THICH	NESS DEPTH OF BOTTOM
	7.1	71			• • • •
	10	$\mathcal{O}$ .		ł	1/4
	<u> </u>		· · · · · · · · · · · · · · · · · · ·	<del> </del>	1/4
	<u> </u>	while half	me me	×	33-
	<u> </u>	and half	w mi	*	33
	<u> </u>	and half	mer me	*	3 3
		and half	ne mi	*	33
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		idel half	m	*	35
	7	and half	w mi	*	33
		and hulf	ne hi	*	33
		and half	me mi	*	335
		and hulf	me mi	*	335
	ONTINU	E ON SEPARATE SHEET IF	NECESSARY	24	35
	CONTINU	E ON SEPARATE SHEET IF			33
	ONTINU	E ON SEPARATE SHEET IF			7-22-78

#### INSTRUCTIONS TO DRILLERS

White Copy —
III. Dept. of Pub. ealth
Yellow Copy — Well Contractor
Blue Copy — Well Owner

FILL IN ALL PERTINENT INFORMATION REQUES? AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

	WELL CORSI	noction nepon	1 <b>4</b>
1.	Type of Well a. Dug Bored Curb material	Hole Diam. 30 i	n. Depth 50 ft.
	b. Driven Drive		
	c. Drilled Finish	tripe Diamm	in Book
	Tubular Grave	I Dacked	. 211 21004
	d C	1 L deven	•
	(KIND)	FROM (Ft.)	TO (Ft.)
	<del></del>		
	L		<u> </u>
2.	Distance to Nearest:		
	Building Ft.	Seepage Tile Fi	ield
	Cess Pool	Sewer (non Cast	iron)
	Privy		n)
	Septic Tank 100+	Barnyard	
	Leaching Pit	Manure Pile	
3.	Well furnishes water for hur	man consumption? \	esNo
4.	Date well completed	•	
5.	Permanent Pump Installed?	Yes Date	No
	Manufacturer	_TypeLoc	ation
	Capacitygpm. Dept		
6.	Well Top Sealed? Yes		
	Pitless Adapter Installed?		
	Manufacturer	Model Num	
	How attached to casina?		
8.	Well Disinfected? Yes	<u> </u>	
9.	Pump and Equipment Disini	fected? Yes	_No
	Pressure Tank Size		
	Location		
11.	Water Sample Submitted?	Yes No	<u></u>
RE	MARKS:		

		D	,			
0.	Propert	y owner Bill Ban	toon_	Well No.	· ———	
	Addres	s Hillboro	TLC		<i>7</i> - 7	
	Driller	FARY F. NOL	Licens	e No	92-6	23
11.	Permit	No. 175217	Date	12	la inten	
12.	water 1	romFormation	13. Com	1	UNITO	7
		h toft. '	Sec.			0
14.		: Dicmin.		. <u>80</u>	,	
	Length	:ft. Slot		_		
15.	Casing	and Liner Pipe	Elev	7		
Dia	m. (in.)	Kind and Weight	From (Ft.)	To (Ft.)	SHO LOCATI	
	30	concrete.	40		RECTION LE	PLAT
	6	PUC	11		ne ne	Ne
16.	Size H	ole below casing:	in.		:	
		levelft. below casi		:h is		ft.
		ground level. Pumping lev	el ft.	when pu	mping at.	
	gpm fo	rhours.				
18.	7	ORMATIONS PASSED THROUGH	SH .	THICK	NESS DEP	TH OF
			<del></del>	_		
				<del></del>		
			<del>-</del>			******
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			Clar	57		<del></del>
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(0	UNITHC	e on separate sheet if	NECESSARY	)	<del></del>	
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SIG	NED	Lang C. K	el DA	TE	<u> </u>	28
		1				

#### INSTRUCTIONS TO D \_ERS

White Copy —
III. Dept. of Public Health
Yellow Copy — Well Contractor
Blue Copy — Well Owner

1. Type of Well

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	a. Dva . E	Bored X . Hol	le Diam. 36 in	. Depth_ <u>34</u> ft.		
	Curb materia	ıl Bu	ried Slab: Yes_	Nox		
				Depthft.		
	c. Drilled Finished in Drift In Rock  Tubular Gravel Packed _X					
	d. Grout:	(KIND)	FROM (Ft.)	TO (Ft.)		
			0	10		
		concrete				
		gravel	10	34		
		<u></u> _				
2.	Distance to Ne	rest:				
	Buildingok	<u> </u>	Seepage Tile Fie	eld <u>Dk</u>		
	Cess Pool	ok :	Sewer (non Cast	iron) <u>ok</u>		
	Privy	ok	Sewer (Cast iron)	)ok		
	Septic Tank	ok :	Barnyard	ok		
	Leaching Pit	ok !	Manure Pile	ok		
				es_x_ No		
4.				<del></del>		
<b>5</b> .				No <u>x</u>		
				tion		
	Capacity	_gpm. Depth of	Setting	Ft.		
6.	Well Top Seale	d? Yes_x_No	Турес	oncrete cap		
7.	Pitless Adapte	r Installed? Ye	s No			
	Mamufacturer		Model Num	oer		
		d? Yesx_				
9.	Pump and Equi	pment Disinfecte	d? Yes	No		
10.	Pressure Tank	Sizegal.	Туре			
	Location					
	Water Sample S MARKS:	ubmitted? Yes	No _x			
ΛE	WVIV2:					

### GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Robert Montgomery Well No. \_

	Addres	s _R R #2 Hillsh	oro. IL.		
		s R. R. #2 Hillsbo Clarence Kohnen			-30
		No. <u>87361</u>	' Date	July 3.	1979
12.	Water f	rom gray gravel	13. Cour	ty <u>montgo</u>	nery
		h _24 to _251t.		6.1	7777
14.		: Diamin.	Twp	. <u>8n</u>	1-1-1
		ı:ft.Slot	Rge.	_3W	<del></del>
			Elev	. <u>x</u>	╃╌╂╼╂╼┫
15.	Casing	and Liner Pipe		L	
Die	m. (in.)	Kind and Weight	From (Ft.)	To (Ft.)	SHOW DCATION IN
	36	concrete	0+1	31. SEC	TION PLAT
$I^{-}$					
				SW	IC NE NE N
16.	Size H	ole below casing:	in.	···	
		levelft. below casi		h is	ft.
	above	ground level. Pumping lev	el ft.	when pumping	ng at
	gpm fo	r hours.			
18.	)	ORMATIONS PASSED THROUGH	ЭН	THICKNES	DEPTH OF BOTTOM
		topsoil brown		1	1
				1 7	8
		yellow clay		<del></del>	<del></del>
		yellow clay yellow sandy clay		6	14
		,	·	610	
		yellow sandy clay			14
		yellow sandy clay eray sandy clay		10	14 24
		yellow sandy clay eray sandy clay gray gravel		10	2l <sub>1</sub>
		yellow sandy clay eray sandy clay gray gravel		10	2l <sub>1</sub>
		yellow sandy clay eray sandy clay gray gravel		10	2l <sub>1</sub>
		yellow sandy clay eray sandy clay gray gravel		10 1 9	2l <sub>1</sub>

White Copy — Health 111, Dopt. of Pu Health Yellow Copy — Well Centractor Blue Copy — Well Owner

FILL IN ALL PERTINENT INFORMATION REQUES DO AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

		и, гтореп
1.	Type of Well	Addres
	a. Dug Borgd Hole Diam. 4 in. Depth 3/ft.	Driller
	Curb material Buried Slab: Yes No	11. Permit
	b. Driven Drive Pipe Diamin. Depthft.	12. Water f
	c. Drilled Finished in Drift In Rock	
	Tubular Gravel Packed	at dept
	d Court	14. Screen
	(KIND) FROM (FL) TO (FL)	Length
		15. Casing
		Diam. (in.)
		7
2.	Distance to Nearest:	7
	Building 30 Ft. Seepage Tile Field 100	26
	Cess Pool Sewer (non Cast iron)	
	Privy Sewer (Cast iron)	16. Size H
	Septic Tank 100 Barnyard	17. Static
	Leaching Pit Manure Pile	above
3.	Well furnishes water for human consumption? YesNo	gpm for
4.	Date well completed 6-5-78	35-11-00
5.	Permanent Pump Installed? YesDateNo	18.
٠.	Mcnufacturer Type Location	100
	Capacitygpm. Depth of SettingFt.	
s	Well Top Sealed? Yes NoType	· an
7	Pitless Adapter Installed? YesNo	
••	Manufacturer Model Number	
	How attached to casing?	· .,
0	Well Disinfected? YesNo	<del></del>
0.	Down and Empiricant Distributed? Von No L	;
J.	Pump and Equipment Disinfected? YesNo	
10.	Pressure Tank Sizegal. Type	<del></del>
	Location	
	Water Sample Submitted? YesNo	
KE	MARKS:	
		(CONTINU
		100

GEO	LOGICAL AND WATER S	SURVEYS W	ELL RECO	RD
Addres Driller 11. Permit 12. Water f at dept 14. Screen Length	rom	License  Date 5  13. Count  Sec. Twp. Rge.	8 N - 3 W -	97/ 9
Z Z	Mind and Welger	Prom (Ft.)		CATION IN FION PLAT
36	meny	<del> </del>		SE ME
<u> </u>	concentration		<del>3/-</del>	
17. Static above	ole below casing:  levelft. below casi ground level. Pumping lev rhours.	ng top which		
	ORMATIONS PASSED THROUGH	·	THICKNESS	DEPTH OF
18.	/ IROU	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INICANASS	DEPTH OF BOTTOM
	3		/ )	12
- gn	angle clay on	ined!	4/	1.6
h	and from V		1.5	3/
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(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED higher

DATE 6-5.78

#### INSTRUCTIONS TO DRILLERS

White Copy —
III. Dept. of Publi tealth
Yellow Copy — Well Contractor
Blue Copy — Well Owner

FILL IN ALL PERTINENT INFORMATION REQUESTED ... ID MAIL ORIGINAL TO STATE DE-PARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

Curb : b. Driver c. Drille	Bored Homaterial Drive Piped Finished Gar Gravel Pa	ried Slab: Yes_ e Diamin. in Drift	Depthft. In Rock
	Ft.		eld
		•	iron)
•	mk		)
-	Pit	•	
Yes	from this well to be us	ed for human con -	sumption?
4. Date well	l completed		
5. Permaner	nt Pump Installed? Y	es	No
	urergpm. Dept		
6. Well Top	Sealed? Yes	No	
7. Pitless A	daptor Installed? Y	es N	0
8. Well Disi	nfected? Yes	No	
9. Water Sa	nple Submitted? Yes	· }	To
REMARKS:	22 1 -1	<i>(</i> <b>,</b>	- <i>A</i>
	10 Buil	denogs.	en Edsi
	no Buil Plane		•
IDPH 4.065 10/68	7-0		

	GEU	LUGIC	AL A	ND MYII	ru 9	URVE	119	W E'I	T L	ECU	ממ
10.	Proper	ty owne	r <b>//</b>	mm	B	ano	los	Жe	ll No	٠	<del></del>
	Addres Driller	ss RR	J B	Kama	Out We		icens	e N	ر 0. ''	(·) ¿	17 0
	Permit	No	YES	16416	13	Do	rte				
12.	Water i	from	Fort	nation		_ 13.		_	Don	190	mery
14	at dep	th	_ to	ft.			Sec.		M	1_	111
14.	Length	h:	_ft. SI	lot			Rge		K	<u> </u>	╁╁┼
15	<b>~</b> .			•			Elev	-		.  -	╂┼┼╌
	Casin									. <b>L</b>	
Dir	m. (in.)	-	Kind an	d Weight		From	(Ft.)	F <sub>0</sub>	(Ft.)		SHOW CATION IN
	48	<u> </u>	nc	ule.				3	8	SEC	tion play
<u> </u>					-+					NE	- NW
		<u></u>				· ·		L		•	
16.	Size H	lole bel	ow cas	ing:		_in.					
17.	Static	devel _	level	t. below (	Casin	ig top	tt MD10	ch 1 wh	S	mnin	fi
		)r			1616				en þ	Pres	,
18.	1	FORMAT	IONS P	ASSED TH	ROUG	н			THICE	NESS	DEPTH OF BOTTOM
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Bekisseff BATE 8-19-69

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

THE WITTER CURVEYS WELL DECORE

#### TRUCTIONS TO DRILLERS

White Copy —

111. Dept. of Public Health
Yellow Copy — Well Contractor
Blue Copy — Well Owner

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

	b. Driven c. Drilled	. Drive Pip . Finished		Depthft.
	a. Grout.	(KIND)	FROM (Ft.)	TO (Ft.)
	-			
)	Distance to Neares	:t:		
	Building	<u>+</u> Ft.	Seepage Tile Fie	ld
	Cess Pool		Sewer (non Cast	
	Privy		Sewer (Cast iron)	
	Septic Tank/	00+	Barnyard	
	Leaching Pit	<del> </del>	Manure Pile	
	Well furnishes water	er for human	consumption? Ye	s_ <u>//</u> No
	Date well complete	ed	·	
	Permanent Pump In	stalled? Ye	s Date	No
	Manufacturer_	Ty	rpeLocat	ion
		m. Depthol		
	Capacitygp			
i.	Capacitygp Well Top Sealed?	YesNo	Type	· · · · · · · · · · · · · · · · · · ·
	Capacitygp Well Top Sealed? Pitless Adapter In:	Yes_ <u>~</u> No stalled? Y	Type es No	V
	Capacitygp Well Top Sealed? Pitless Adapter In: Manufacturer	YesNo stalled? Y	Type es No Model Numb	<u>/</u>
i.	Capacitygp Well Top Sealed? Pitless Adapter In: Manufacturer	YesNo stalled? Y	Type es No Model Numb	<u>/</u>
	Capacitygp Well Top Sealed? Pitless Adapter In: Manufacturer How attached to co Well Disinfected?	YesNo stalled? Y using? Yes	Type No No No No	<u>/</u>
i	Capacitygp Well Top Sealed? Pitless Adapter In: Manufacturer How attached to co Well Disinfected? Pump and Equipme	YesNostalled? Yes yes nt Disinfector	Type	er
	Capacitygp Well Top Sealed? Pitless Adapter Ins Manufacturer How attached to co Well Disinfected? Pump and Equipme Pressure Tank Size	YesNostalled? Yes	TypeNo	er
j	Capacitygp Well Top Sealed? Pitless Adapter In: Manufacturer How attached to co Well Disinfected? Pump and Equipme	Yes Nostalled? Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	Type	er

10.	Proper	ty owner	KAMbo	Well No	
	Addres	S Hill rore	ILL		
	Driller	LARILY ISES	Lice	nse No	92-416
11.	Permit	No. 42.55	7 Date		
12.	Water :	No. 47.55	13. Co	ounty	ofsomer
			°-	- 6	
	ar aep	th toft.	೨೯ ಇ.	c. <u> </u>	/ <b> - 2 </b> - - -
14.		: Dicamin.	11	vp	5
	Lengti	n:ft. Slot	-	је. <u>_ 3 и</u>	
15.	Casing	and Liner Pipe	FI	ev	
Die	m. (in.)	Kind and Weight	From (Ft	.) To (Ft.)	SHOW LOCATION IN
		concrete	33		SECTION PLAT
<del> </del>	<u> </u>	CONCISETE		<del></del>	NENWNL
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		ole below casing:			
17.		levelft. below			
		ground level. Pumping	level	ft. when pu	imping at
	gpm fo	r hours.			
18.	1	FORMATIONS PASSED THI	ROUGH	THICE	ENESS DEPTH OF BOTTOM
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			cla.	32	,
			Clay	- <del> </del>	
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Yellow Copy — Well Contractor
Blue Cop Well Owner

ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL / WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

## ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Curb materia b. Driven c. Drilled	rl Bu Drive Pipe	ried Slab: Yes_ Diamin. n Drift	Depth 32ft. Noft. Depthft. In Rock
	a. Grout:	(KIND)	FROM (Ft.)	TO (Ft.)
	Cess Pool Privy Septic Tank Leaching Pit Is water from to	Ft.  70  70  nis well to be use	Sewer (non Cast Sewer (Cast iron Barnyard Manure Pile ed for human con	
4.		No leted		
	Permanent Pun	p Installed? Y	es	No
	Manufacturer	gpm. Dept	Type	
6.	Well Top Segle	d? Yes. V	No .	
7.	Pitless Adapto	r Installed? Y	es N	10
8.	Well Disintecte	d? Yes	No	
9.	Water Sample S	ubmitted? Yes	<u>1</u>	ło
REI	MARKS:			
	PH 4.065 /68		•	•

		ui R	10 1	,		
10.	Propert	y owner Myral But	lare	Well No	•	
	Addres	than The sury	Achicul	9	2. 11	777
	Driller	No. WF 13416	Licens	e No∠	4. 7	
11. 12.	Water f	rom Ckey	13. Cou	ntv 212		10000000
		Formation		8,2		
1.4		th toft. : Diamin.		. RN		
179.		:ft. Slot	Rae	رينڪ	<u> </u>	1 + + -
				1		<del>                                     </del>
15.	Casing	and Liner Pipe			<u> </u>	لللل
Dia	na. (in.)	Kind and Weight	From (Ft.)	To (Ft.)	LO	SHOW CATION IN
	30	Concrile	33			TION PLAT
			·		Nu	2 34 C
					ŀ	
16.	Size H	ole below casing:	in.			
7.		levelft. below casi				
		ground level. Pumping lev	el ft.	when pu	mping	g at
	gpm fo	r hours.				
18.	1	FORMATIONS PASSED THROUGH	ЭН	THICK	NESS	DEPTH OF BOTTOM
		·· <del>···································</del>				
			<del></del>			
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(C	ONTINU	E ON SEPARATE SHEET IF	NECESSARY	n		
		Clast R. b.		11	/~	-79/
SIG	NED	Sul Beke	myrsi	(TE_7	-16	100
				•		

#### LOG OF WATER WELL

Property owner Property	ellavid		Well No	_1
Drilled by E. C. Buken	& Sons, J	no.	Year	1966
Formations passed t	through	· · ·	Thick- ness	Depth of Bottom
Soil & Yellow Clay, Sandy			19*	191
Dirty Send & Clay	···		12*	31.
Dirty Yellow Packed Sand	& Gravel	<u></u>	10*	49.
Elue Parked Gravel			30.	721
Sand & Grantel a restor & g	AS		2.	731
Hiue Clay			29*	102
Soft Sandy Brown Clay - g	as .		_5*	107
Green Clay			1470	154
Dork Shala	! · ·		50	159
'inished in	n back if necesse at	.ry] t	·n	ft
Cased with inch	•	from 0 t		
andinch	from	nt	.0	ft
Size hole below casing	inch. Static lev	vel from sur	f	ft
Cested capacity	gal, per min.	Temperatu	re	•F
Vater lowered toft	in. in_	h	rs	min
ength of test hrs	min. Scre	en		
Slot Diam Leng	gch[Show lo	Bottom se	t at tion Plat	ft
Cownship name Park Front	Elev	-	III s	ec9.
Description of location	23401 S.		T	wp
of N.K. Corner of Sec. 9		- 🖽	R	ge3
Signed At In A In The Baker	County	Montgo	eny	
Copy for Illinois State Water Survey	Index	<del></del>	<del></del>	

	,	
LOG OF WATER WELL		
Property owner Property	Well No	2
Drilled by Baker & Sang Inc.	Year	1966
Formations passed through	Thick- ness	Depth of Bottom
Smil. Yellow Clar	7*	71
Hue Car	24"	21.
Soft & Sandy Wite Clay	71	28*
Dardand Const & Comment	7.6	o bhi ci
Commo	21	su bye
Owner Sander Clave	360	83*
[Continue on back if necessary] Finished inatt		£÷
Cased with inch from 0 to		
and inch from to		
Size hole below casing inch. Static level from surf		
Section 1		
Water lowered toftin, inhr		
Length of test hrs min. Screen  Slot Diam Length Bottom set		
[Show location in Sect	on Plat]	ft.
Township name Elev.	Se	ec. 9 de
Description of location 1300 vi a 2600 g.	T	wp. 8 N
of N.R. Comer of Sec. 9	R	ge3 W
Signed A To A To Balcon County Months	<b>102.005</b>	
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FILL IN ALL PERTINENT INFORMATION REQUEST AND MAIL CRIGINAL TO STATE DE-PARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION. > Hamel Well Del.

	Curb material b. Driven	Bu	uried Slab: Yes_ e Diamin.	. Depth /8 ftNoft. Depthft.
	Tubular	Finished Gravel Pa	in Drift	In Rock
	d. Grout:	(KIND)	FROM (Ft.)	TO (Ft.)
	L			1 1 2 2 2 4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	L		<u> </u>	
Ż.	Distance to Near	rest:		
	Building	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	Seepage Tile Fi	eld
	Cess Pool		Sewer (non Cast	iron)
	Privy	<del></del>		)
_	Septic Tank		Barnyard	
	Leaching Pit		Manure Pile	
3.	Is water from thi			sumption?
	Yes		_	
	Date well comple			
5.	Permanent Pump			
	Manufacturer		Type	
	Capacity	gpm. Dep	th of setting	ft.
6	Well Top Sealed	? Yes	No	
0.	Didless & Jesten	Installed?	(es N	0
7.	Pitiess Adaptor			
7.	Well Disinfected	? Yes	No	
7. 8.	Well Disinfected Water Sample Su			
7. 8. 9.	Well Disinfected			

' G	EOLOGICAL AND WATE	R SURVEYS	WELL R	ECO	RD
Dr 11. Pe 12. Wa at 14. Sc Le	rmit No. NEUSSA	Licens Date 13. Cou Sec Twy Rge		2 0	
Diam. (	<u> </u>	From (Ft.)	To (Ft.)		SHOW
30	Commele	18	1		CATION IN TION PLAT
				NI	u nw su
				•	
	ove ground level. Pumping m forhours.	levelft	. when pur	nping	
18.	FORMATIONS PASSED THRO	OUGH	THICK	NESS	DEPTH OF BOTTOM.
			_		
				_	
	Cloud	·····	8		<del></del>
		·			
	don		16	)	
<del></del>					
		· · · · · · · · · · · · · · · · · · ·			<del></del>
-	THUE ON SEPARATE SHEET		•	ــــــــــــــــــــــــــــــــــــ	- 70

	e 🔫 e. La companya di mangangan kanangan kanangan kanangan kanangan kanangan kanangan kanangan kanangan kanangan kanang La companya di mangan kanangan kanangan kanangan kanangan kanangan kanangan kanangan kanangan kanangan kananga	A CANADA A A A A A A A A A A A A A A A A A	ا المحادث من من من من من من
	LOGIOF WATER WELL		
Property owner	Don Haberid	Well No	_1_
Drilled by	Re C. Baker & Sons, Doc.	Year	1966
	Formations passed through	Thick- ness	Depth of Bottom
Tellow Bards		8=	8*
Elve Keriba		65°	73*
Hine Clay		213	94*
Green Sately	Balo	21.	1150
Sandateme		35°	150*
Shele		3.	153*
Finished in	[Continue on back if necessary]	_to	<b>50</b> ft.
21	inch Ind from	0 to	1 <b>5</b> ft.
Cased with			
•	_inchfrom		•
and		to	ft.
and	_inchfrom	to	ft.
andSize hole below ca	inchfromasingfinch. Static level from s	to	ft. ft. °F.
andSize hole below careful capacity Water lowered to	inchfromasinginch. Static level from s	tosurfaturehrs	ft. ft. °F.
andSize hole below or Tested capacity Water lowered to Length of test	inchfromasinginch. Static level from s	tosurfaturehrs	ftftftft.
andSize hole below or rested capacityWater lowered to Length of testDi	inch from  asing inch. Static level from a  gal. per min. Tempera  ft in. in 60  hrs min. Screen  iam Leng.h Bottom  [Show location in S	tosurfhrsset atsection Plat]	ftftftft.
andSize hole below or rested capacityWater lowered to Length of testDi	inch from  asing inch. Static level from a  gal. per min. Tempera  ft in. in  hrs min. Screen  [Show location in Second	surf	ftftftft.
and Size hole below or Tested capacity Water lowered to Length of test Slot Di Township name Description of loca	inch from  asing inch. Static level from a  gal. per min. Tempera  ft in. in 60  hrs min. Screen  iam Leng.h Bottom  [Show location in Station evel from a  gal. per min. Tempera  gal. per min. Tempera  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in 60  in in in in 60  in in in in 60  in in in in 60  in in in in 60  in in in in 60  in in in in in 60  in in in in in in in in in in in in in i	surf	ftftft. ec
andSize hole below or rested capacityWater lowered to Length of testDirectory to the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company o	inch from  asing inch. Static level from a  gal. per min. Tempera  ft in. in  hrs min. Screen  [Show location in Second	surf	ftftftft.

#### INSTRUCTIONS TO DRILLERS

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FILL IN ALL PERTINENT INFC. ATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

	Curb materia b. Driven c. Drilled	l B Drive Pip Finished	ole Diamin Juried Slab: Yes_ pe Diamin. in Drift acked	No Depthft.
	u. diout.	(KIND)	FROM (F1.)	TO (Ft.)
	1			
	Ī			
2	- TO 1 - 1 - 27			
۷.	Distance to Nea		6 mil mi	
			Seepage Tile Fie	iron)
_	Cess Pool			1ron)
•	Privy Septic Tank	110	•	
	Leaching Pit	/U	Manura Pila	
3	Well furnishes w	ater for human	consumption? You	No.
4.	Date well compl	eted eted	- Consumption: 1	
5.	Permonent Pump	Installed? Y	es Date	No No
•	Manufacturer	T	ypeLocal	tion
			Setting	
6.			oType	
7.	Pitless Adapter	Installed?	es No	1/
	Manufacturer		Model Numb	er
	How attached to	casing?	<del></del>	
	Well Disinfected	? Yes	No	
9.	Pump and Equip	ment Disinfect	ed? Yes	No
10.	Pressure Tank S	izegal	. Туре	<del></del>
	Location			
11.	Water Sample Su	bmitted? Ye	s No	<u>~</u>
RE:	MARKS:			

### GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Dou Home how. Well No.

	s ///////	·			<del></del>
Driller	arry Fillable	Licens	e No	<u>-:                                    </u>	6,33
Permit	No. 1(-1917	Date _			
Water f	rom	13. Cou	aty <u>//</u>	?- , 57	رو درر ا
	Loumerron '				
Gr dept	. Diem in	Twn	an	) <del> </del>	<del>                                     </del>
Length	t Slot	Rae	· Effe	<i>;</i>	╀┼
				- L	
Casing	and Liner Pipe				4
m. (in.)	Kind and Weight	From (Ft.)	To (Ft.)	LO	SHOW CATION IN
30 1	COMCRETE.	127		SEC.	TION PLA
12'		11		126	SES
				]	
Size H	ole below casina:	in.		•	
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	ODWATIONS DASSED TUDOU	CH	TWICE	/WT00	DEPTHON
······································	CREATIONS PASSED THROU	on	- Inici	LNEGO	DEPTH OF BOTTOM
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				-	
				·	
		•			
-		/1/	127	,	
			737		<del> </del>
			4		
			J		1
ONTINU	E ON SEPARATE SHEET IF	NECESSARY	2		
ONTINU	E ON SEPARATE SHEET IF	NECESSARY	)	٠, ١	271
ONTINU	E ON SEPARATE SHEET IF	NECESSARY	o ATE/	ر مرا	2-76
	Permit Water f at dept Screen Length Casing m. (in.) Size H Static above a	Water from	Permit No. / / / / / Date Water from	Permit No. / / / / Date  Water from	Water from

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### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Curb materi b. Driven c. Drilled	al B Drive Pip Finished Gravel Po	uried Slab: Yes_	Depthft. In Rock
	u. Giout.	(KIND)	FROM (Ft.)	TO (Ft.)
		<del></del>	<del> </del>	
	•		<del>                                     </del>	
		L		l
2.	Distance to Ne	carest:		
	Building	Ft.	Seepage Tile Fi	eld
	Cess Pool			iron)
	Privy		Sewer (Cast iron	)
	Septic Tank		Barnyard	
	Leaching Pit_			
3.	Well furnishes	water for hyman	consumption? Y	es No
4.	Date well comp	oleted	3-75	e3110
5.	Permonent Pun	np Installed? Ye	es Date	No_ <u></u>
	Manufacturer_	T	/peLoca	tion
_	Capacity	_gpm. Depth of	Setting	Ft.
6.	Well Top Seale	d? YesNo	Туре	1
7.	Pitless Adapte	r installed? Y	es No	
			Model Numi	ber
	How attached	o casing? ed? Yes	N. V	·
٥. ۵	Well Disinfects	er res	No	v
			ed? Yes	
10.		•	Туре	<del></del>
11		2.b		
	water Sample S MARKS:	upmitted? re:	s No	
ne.		no h	ely ye	f_

GEO	LOGICAL AND WATER	SURVEYS	WELL R	ECO	RD
Length	Sealy No. July No. July	Licens Licens Licens Licens Sec. Twp Rge.	oty Du	72	- <del>-</del> <u>y</u> 71
Diem. (in.)	Kind and Weight	From (Ft.)		LO	SHOW CATION IN
6	plutie		10	SEC	TION PLAT
36	_ Concerti		5-2	SE	Sese
L	ole below çasing:	L			
above o	levelft. below casi ground level. Pumping lev				
<del></del>	DRMATIONS PASSED THROUGH		ТНІСК		
			ТНІСК	NESS	DEPTH OF BOTTOM
			ТНІСК		DEPTH OF BOTTOM
			THICK	NE33	DEPTH OF BOTTOM
			THICK	16 2	DEPTH OF BOTTOM  16 18 28
			THICK	2 2	DEPTH OF BOTTOM
			THICK	16 2	DEPTH OF BOTTOM  16 18 28
			THICK	2 2	DEPTH OF BOTTOM  16 18 28
			THICK	2 2	DEPTH OF BOTTOM  16 18 28
			THICK	2 2	DEPTH OF BOTTOM  16 18 28
			THICK	2 2	DEPTH OF BOTTOM  16 18 28
18. Clange		5H	THICK	2 2	DEPTH OF BOTTOM  16 18 28

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#### INSTRUCTIONS TO DRIL

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### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Curb materia b. Driven	l Bu Drive Pipe	ried Slab: Yes_ Diamin.	Depth Sft. Noft. In Rock
	d. Glout.	(KIND)	FROM (Ft.)	TO (Ft.)
	Ì	<del> </del>		
	ŀ			
	i.		[	L
2.	Distance to Nea			
	Building		Seepage Tile Fie	eld
	Cess Pool			iron)
	Privy Septic Tank			)
	Leaching Pit			
			•	esNo
	Date well compl			
5.	Permanent Pump	Installed? Ye	s Date	No
			peLoca	
				Ft.
	Well Top Sealed			
7.	Pitless Adapter			
	Manufacturer		Model Numb	oer
_	How attached to	casing?	<del></del>	
В. Э	Well Disinfected	Yes	_No	••
	Pump and Equip			
10.		-	Туре	<del></del>
	Location			
11.	Water Sample Su	ibmitted? Yes	No	<del>-</del>
KE	MARKS:			

### GEOLOGICAL AND WATER SURVEYS WELL RECORD

		Q + I	, ,				
10.	Propert	y owner Robert	nest	Well No			
	Addres	a lift!   bon	o III				
	Driller	GARLY E MOL	Licens	e No	92	<u>-623</u>	
		No	Licens Date _				
12.	Water f	romFormation	13. Cou	aty	101	rgome	my
	at dept	thtoft.	Sec.	35			•
14.	Screen	: Diamin.		. 9		<del>   </del>	
		:ft. Slot	Roe	. 4		╂╼╁╼┫	
				/	<u> </u>	++++	
15.	Casing	and Liner Pipe			L	1 9	
DI	m. (in.)	Kind and Weight	From (Ft.)	To (Ft.)	1	SHOW	
			79		LU	CATION IN TION PLAT	
-	30	concuete	3/		SF	SE SE	
			ļ		"		
<u> </u>			L		ŀ		
16.	Size H	ole below casing:	in.				
17.		levelft. below casi					
		ground level. Pumping lev	el ft.	when pu	mpin	g at	
	gpm fo	r hours.					
18.		ORMATIONS PASSED THROUGH	GH	THICE	NESS	DEPTH OF BOTTOM	
	<del></del>		<del></del>			BOTTOM	
						<del> </del>	
			CAAL	1 38			
				<b>'</b>		l	
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(C	UNITHO	E ON SEPARATE SHEET IF		•			
SIG	NED	King G.	24. CR D	ATE_Z		29-89	P
		/ / /				,	1

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### INSTRUCTIONS TO L LERS

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### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

	11 64	E COMBINE	,011011 1121 011	•	10 Proper	ty owner January	س
1	Type of Well					Sta-	左
	a Dua	Bored / . 1	Hole Diam. <u>44</u> ir	Depth 45 ft.		feel 1	
	Curb materi	of the	Buried Slab: Yes	No		No. 1153,74	
			ipe Diamin		12. Water	from Gunel	
			d in Drift				
			Packed			th 25 to 26ft.	
	d. Grout:					: Diamin.	
		(KIND)	FROM (Ft.)	TO (Ft.)	Lengti	n:ft. Slot	
					· 15 Ci	and time Dies	
				<u> </u>		and Liner Pipe	
					Diam. (in.)	Rind and Weight	4
_	m				6	plantie	
2.	Distance to Ne	orest:		100	36	lang uti	Т
	Building		Seepage Tile Fi	eld /	100		十
			Sewer (non Cast		<u> </u>		
	Privy Septic Tank	100		)		ole below casing:	<del>.</del>
			Barnyard Manure Pile	_		levelft. below car	•
•	Leaching Pit_		Manure Pile	as V No		ground level. Pumping le	;ve
J.	Tele mell com	water for numa	n consumption? Y - ユレー をリ	es110	gpm 10	r bours.	
<b>4</b> .	Date well comp	neted	/esDate	No.	18.	FORMATIONS PASSED THRO	UGH
<i>J</i> .	Vermonent Pun	ip msimied: 1	resDute				
	Consitu	one Denth	TypeLoca of Setting	Ft.		~4	
6	Well Top Segle	do Vac V	Vo Type		an	afely clay	
7.	Pitless Admite	r Installed?	NoType Yes No	J	- J	0	
••	Manufacturer		Model Num	ber		muc f	
	How attached t	o casina?			લ	my Clay	
8.	Well Disinfecte	d? Yes	No.				
9.	Pump and Equi	pment Disinfec	ted? Yes	No V			
		-	l. Type				
	Location	_					Ţ.
11.	Water Sample S	ubmitted? Ye	es No		<del></del>		_
RE	MARKS:						
					(CONTINU	E ON SEPARATE SHEET I	f N
						71 /// 4·//	,

10. Propert	ty owner Journal And	upulin	Well No	<del> </del>
Addres	s Slamt	~~		
Driller		Licens	e No. ٩2	-607
	No			
12. Water i	from Grandles	13. Cou	aty Tuon	typing
at depi	11 25 to 26th.	Sec.	252/	
	: Diamin.	Twp	. <u>7N</u>	
	n:ft. Slot	Rge	44	
		_	·	<del></del>
15. Casing	and Liner Pipe			
Diem. (in.)	, Rind and Weight	From (Ft.)	To (Ft.)	SHOW LOCATION IN
6	plantie		10 0	ECTION PLAT
36	East with		45	W. NE NE
16 Sine W			L	
	ole below casing: levelft. below casi		.h :-	£.
	ground level. Pumping lev			
		***	anen bamb	.by u
apm to	r bours.			
	r hours.	······································	Trucras	ee IDERTH OF
	rbours.	ЭН	THICKNE	SS DEPTH OF BOTTOM
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GEOLOGICAL AND WATER SURVEYS WELL RECORD

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#### INSTRL ONS TO DRILLERS

Will te Copy —

111. Dept. of Public Health
Yellow Copy — Well Contractor
Blue Copy — Well Owner

FILL IN ALL PERTINEAT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

				_
1.	Type of Well		.101	
	a. Dug	Borget Ho	ole Diam. <u>YY</u> in	. Depth_4/_ft.
			uried Slab: Yes_	
				Depthft.
				In Rock
		Gravel Po	cked	
	d. Grout:	(KIND)	FROM (Ft.)	TO (Ft.)
		<u> </u>		
_		<u> </u>	<del></del>	·
2.	Distance to Ne		·	10-0
	Building	Ft.	Seepage Tile Fig	eld
	Cess Pool		Sewer (non Cast	iron)
	Privy Septic Tank	100	Sewer (Cast iron	)
	Septic rank	100	Barnyard Manure Pile	
2	Well (weighter		manure Pile	W
Э. Л	Deta well comp	Nater for numan	consumption: 1	esNo
<b>5</b> .	Damment Dum	n Installed? Ve	e Dete	No
J.	Manufacturer	p mstanteu: Te	rsDute	tion
				Ft.
6.				•
7.	Pitless Adapte	Installed? Y	esNo	
	Manufacturer		Model Numl	oer
	How attached to	o casing?		
		d? Yes		
9.	Pump and Equip	pment Disinfect	ed? Yes	No L
10.	Pressure Tank	Sizegal.	Туре	
	Location			
		ubmitted? Yes	No	
RE	MARKS:			

	GEO	LUGICAL AND WAT	FK 2	OHAF12	WELL H	ECU:	KD
	D	P A	2	<u>نم</u>	Well No		
10.	Proper	ty owner Come A			Well No	. —	<del></del>
	Addres	Beas		Licens	- M-	92	471
	Drille	No. 42867	7		117:7		<del></del>
11.	Permit	from Formation		Date _ 13. Cou	200 12.4		<u> </u>
12.					•		
	at dept	th 14 to 16 ft.		Sec.	26.1	<u>а</u>	
14.		: Dicomin.		Twp	. 9N		
	Length	n:ft.			4W		
	<b>.</b> .	•••		Elev	/		<del>                                     </del>
		and Liner Pipe				<u> </u>	
Di	om. (in.)	Kind and Weight		From (Ft.)	To (Ft.)	LO	SHOW CATION IN
l	6	the time	1		10	SEC.	TION PLAT
Γ	36	committee			41	St	SE S
16	C: U	ala balan andan					
10. 17.		ole below casing: levelft. below			-h i-		
17.		ground level. Pumping					
		r bours.	y leve	· * · ·	wnen pe	mhrwi	, u
18.	ا مــهـــــ	FORMATIONS PASSED TH	ROUG	H 	THICK	NESS	DEPTH OF BOTTOM
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#### INSTR HONS TO DRILLERS

White Copy iii, Dept. of Public Health Yellow Copy — Well Contractor Blue Copy — Well Owner

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

	b. Driven Drive Pipe Diamin. Depthft. c. Drilled Finished in Drift In Rock Tubular Gravel Packed d. Grout:
	(KIND) FROM (FL.) TO (FL.)
	Distance to Nearest:  Building SFt. Seepage Tile Field 100  Cess Pool Sewer (non Cast iron)  Privy Sewer (Cast iron)  Septic Tank 100  Barnyard Manure Pile
3.	Well furnishes water for human consumption? YesNo
١.	Date well completed 12 - 26 - 80
5.	Permanent Pump Installed? YesDateNoNoNo
6.	Well Top Sealed? Yes No Type
7.	Pitless Adapter Installed? Yes No  Manufacturer Model Number  How attached to casing?
8.	Well Disinfected? YesNo
9.	Pump and Equipment Disinfected? YesNo
0.	Pressure Tank Sizegal. Type Location
	Water Sample Submitted? YesNo

	LOGICAL AND WATER				RD
In Proper	ty owner Robert 13	aulelia	∕Well No		
M.A.A.	Lavi		, 11611 110	•	
Deille	ss LLL	Licens	- No	92	-607
Dinie Desmi	No. 97966	Dete	/ 7 -	2.2	- Y D
12. Water		13. Cou	N. 71		Z.
	<b>Formation</b>			-	
at dep	th / 2 to $/ 5$ ft.		29.3		
	: Diamin.		. <u>9 21</u>		
Length	a:ft. Slot	Rge	كلاقت.	.	<del>                                     </del>
		Elev	/	.	<del>K</del>
15. Casing	g and Liner Pipe			<u> </u>	
Diem. (in.)	Kind and Weight	From (Ft.)	To (Ft.)	LO	SHOW CATION IN
6	thanke ?		10		rion plat Ne Së
36	Comerate		30	300	NE SE
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L	<u> </u>	<u> </u>		ı	
	lole below casing:				
	levelft. below cas				
	ground level. Pumping lev	rel ft.	when pu	mping	7 at
gpm to	r hours.				
18.	FORMATIONS PASSED THROU	GH	THICK	NESS	DEPTH OF BOTTOM
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	E ON SEPARATE SHEET IF	- //			
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#### INSTRUCTIONS TO LLERS

White Copy — 111. Dept. of Public Health Yellow Copy — Well Contractor Blue Copy — Well Owner

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

1.	Type of Well			
				. Depth <u>少之</u> ft.
			ried Slab: Yes_	
	b. Driven	Drive Pipe	Diamin.	Depthft.
				In Rock
	Tubular	Gravel Pa	cked	
	d. Grout:	(KIND)	FROM (Pt.)	TO (Ft.)
		(KIND)	FROM (FL)	30 (20)
	•		<u></u>	
2	Distance to Ne	wast.		
4.			Seengge Tile Fie	.ia —
	Core Pool		Sewer Inon Cart	iron)
	Deivy		Sewer (Cost iron	)
	Sentic Tank		Barnvard	
	Leaching Pit		Manure Pile	
3				es_LNo
4.	Date well comp	leted 5	4-81	
				No <u> </u>
	Manufacturer	Tv	peLoca	tion
				Ft
6.				
			es No_4	
				per
	How attached t	o casing?		
8.	Well Disinfecte	d? Yes	_No	
9.	Pump and Equi	pment Disinfecte	d? Yes	No
10.	Pressure Tank	Sizegal.	Туре	
	Location			
11.	Water Sample S	ubmitted? Yes	No	
	MARKS:			
	VI.	m co	. #	
	rce			

16. Size Hole below casing:in.  17. Static levelft. below casing top which isft. above ground level. Pumping levelft. when pumping at gpm forhours.  18. FORMATIONS PASSED THROUGH  THICKNESS DEPTH OF BOTTOM  / 2	Address 7 Lills Li. Driller 99766 Dg	cense	Vell No.	72	
Address Driller License No. 7 2 607  11. Permit No. 99 7 66 Date 7 2 9 8/  12. Water from 13. County 12 13 County 12 14 15 15 15 15 15 15 15 15 15 15 15 15 15	Address 7 Lills Li. Driller 99766 Dg	cense	No	7 2	
Driller  11. Permit No. 99 7 66 Date 4-29-8/  12. Water from 13. County  13. County  14. Screen: Diam. 13. County  14. Screen: Diam. 15. Twp. 7N  Length: 15. Slot 15. Rge. 3W  Elev. 15. Casing and Liner Pipe  Diam. (in.) Eind and Weight 16. From (FL.) To (FL.)  16. Size Hole below casing: 16. Static level 15. below casing top which is 17. Static level 15. Pumping level 16. When pumping at 17. Static level 16. Pumping level 16. When pumping at 17. Static level 16. Size Hole below casing top which is 17. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static level 16. Static l	Driller	le	No		.607
11. Permit No. 99466 Date 4-29-8/  12. Water from 13. County 14-12-13 Permation at depth 2 to 2 S ft. Sec. 2931  14. Screen: Diam. in. Twp. 7N  Length: ft. Slot Rige. 31W  Elev. Show Location in Secretor Plat 15. Casing and Liner Pipe  Diam. (in.) Kind and Weight From (Ft.) To (Ft.) Location in Secretor Plat 16. Size Hole below casing: in.  16. Size Hole below casing: in.  17. Static level ft. below casing top which is above ground level. Pumping level ft. when pumping at gpm for hours.  18. FORMATIONS PASSED THROUGH THICKNESS DEPTH OF BOTTOM  2 4 2 3 4 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	11. Permit No. 99466 Da	le	- 2		
12. Water from Translation at depth 2 y to 2 S ft.  14. Screen: Diam				7 -	8./
at depth 24 to 25 ft.  14. Screen: Diam in. Twp	17 - 14 d Formation				trans
14. Screen: Diaminininininininininininininininininininininininininininininininin	of depth 2 y to 2 Sft	Sec.	29	34	الها
Length:ft. Slot Rge3\( \begin{align*}{c c c c c c c c c c c c c c c c c c c	14. Screen: Diamin.	Twp.	9N	: <b>-</b>	╂╾╂╼┫
Diam. (in.) Kind and Weight From (Ft.) To (Ft.)    Location in Section Plat   10   10   10   10   10   10   10   1	Length:ft. Slot	Rge.	34	.  -	╂╌╂╌╂
Diem. (in.)   Kind end Weight   From (Ft.)   To (Ft.)      10		Elev.			<del>┞╶╽╼</del> ┪╾┫
16. Size Hole below casing:in.  17. Static levelft. below casing top which isft. above ground level. Pumping levelft. when pumping atgpm forhours.  18. FORMATIONS PASSED THROUGH  THICKNESS DEPTH OF BOTTOM  1 2 4 2 5 4 2 5 4 2 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6				<u> </u>	
16. Size Hole below casing:in.  17. Static levelft. below casing top which isft. above ground level. Pumping levelft. when pumping at gpm forhours.  18. FORMATIONS PASSED THROUGH  THICKNESS DEPTH OF BOTTOM  / 2	Diam. (in.) Kind and Weight From	(Ft.) 7	o (Ft.)	LO	CATION IN
16. Size Hole below casing:in.  17. Static levelft. below casing top which isft. above ground level. Pumping levelft. when pumping at gpm forhours.  18. FORMATIONS PASSED THROUGH THICKNESS DEPTH OF BOTTOM  Clay	6 plesting		10	Ni	= SWSC
17. Static level	36 comente		72		
17. Static level					
above ground level. Pumping level ft. when pumping at gpm for hours.  18. FORMATIONS PASSED THROUGH  THICKNESS DEPTH OF BOTTON  1 2 4 2 5 4 2 5 4 2 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6			_		
gpm forhours.  18. FORMATIONS PASSED THROUGH THICKNESS DEPTH OF BOTTOM  1 2  9 1 2 2 4  9 2 4 4 2					
18. FORMATIONS PASSED THROUGH  Clay  Grade  12  13  24  25  24  25		11. 1	Anen ba	mbrmi	
Clay grade 12  grade 23  grade 25  grade 42			THICK	NESS	DEPTH OF
grade 13 24 grad 25 grad 42	<del></del>				
gull  hulfu 24  gull  gull  y2  y2  y2	Clay		<b></b>		1-6
Judy 24 grad 25 gray chy 42	gardel		<u> </u>		13
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#### INSTAUCTION TO DAILLERS

White C.
Iti. Dept. of Public Health
Yellow Copy — Well Contractor
Blue Copy — Well Owner

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

	W 420		orion har	0111
1.	Type of Well			
		Bored I	iole Diam	_in. Depthft.
	Curb materia	ıl	Buried Slab: Y	esllo
	b. Driven	Drive Pi	pe Dian	_in. Depthft.
	c. Drilled	Finished	l in D.ift	In Rock
	Tubular	Gravel :	acked	·
	d. Grout:	(KIND)	PROM (Pt.)	TO (I't.)
	:	(KIND)	PROM (PG)	10 (10)
2.	Distance to Nea	rest:		
	Building	Ft.	Seepage Tile	Field
	Cess Pool		Sewer (non C	ast iron)
	Privy		Sewer (Cast	iron)
	Septic Tank		Barnyara	
	Leaching Pit		Manure Pile	
				YesNo
	Date well compl	leted		
5.				No
				ocation
				fi.
7.	Pitless Adapter			
	Manutacturer		Model N	lumber
	How attached to	casing?	L.Y	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t
	Well Disinfected			
9.				No
10.				
11	Location			
	Water Sample Si MARKS:	ibmitted: 1	-s No _	
AL.	MUTIVO:			

10. Property owner (110)   Well No.    Address   Hillogra   License No.   2   2    11. Permit No.   8 9 7 0 3   Date    12. Water from   13. County   Months    at depth   to   ft.   Sec.   2   5   42    14. Scieen: Diana.   in.   Twp.   SN	<u>62</u> 5
11. Permit No. 89703 Date  12. Water from 13. County Montg  at depth to ft. Sec. 55,40	
12. Water from 13. County Montg	OMERY
at depth to ft. Sec. 39.4	
14. Scieen: Diggs in Two SN	TTT'
44. 0010011. 210111	111
Longth: ft. Slot Rge. 3W	+++
15. Casing and Liner Pipe	ا م
	HOW TION IN
SECTIO	N PLAT
Sw s	SW SE
16. Size Hole below casing:in.	
17. Static levelft. below casing top which is	ft.
above ground level. Pumping levelft. when pumping a	rt
gpin forhours.	
18. FOREM CENTE PASSED TRADUCTS THICKNESS D	EPTH OF
Banklan 10-14 Proposition to the Control of Management of the Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Cont	01101
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SIGNED DATE	20.174

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Iti, Deut, of Public Health
Yellow Copy — Well Contractor
Blue Copy — Well Owner

FILL IN ALL PERTINENT INF. MATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

## ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Type of Well			.~ <sub>^</sub>		
	a. Dug Bored	l Ho	le Diam. <u>44</u> in	Depth 3 Oft.		
	Curb material Buried Slab: YesNo					
	b. Driven					
	c. Drilled			In Rock		
	Tubular	Gravel Pa	cked			
	d. Grout:	(KIND)	FROM (Ft.)	TO (Ft.)		
	<del>                                     </del>	<del></del>				
	<del></del>	<del></del>				
	<u> </u>		Ĺ			
2.	Distance to Nearest	:				
	Building~	Ft.	Seepage Tile Fie	eld		
	Cess Pool		Sewer (non Cast	iron)		
	Privy	:	Sewer (Cast iron)	_		
	Septic Tank	<del>-</del>	Barnyard			
	Leaching Pit	<del></del>				
3.	Well furnishes water	for human	consumption? Ye	es_ <u>No</u>		
4.	Date well completed	1	~10-7E			
5.	Permanent Pump Ins	talled? Ye	s Date	No		
	Manufacturer	Ту	peLoca	tion		
	Capacitygpm	. Depth of	Setting	Ft.		
6.	Well Top Sealed? Y Pitless Adapter Inst	esNo	Туре			
7.	Pitless Adapter Inst	alled? Ye	es No			
	Manufacturer		Model Numb	er		
	How attached to cas Well Disinfected?	ing?		<del></del>		
8.	Well Disinfected?	Yes	_ No			
9.	Pump and Equipmen	t Disinfecte	d? Yes	.No		
10.	Pressure Tank Size	gal.	Туре			
	Location					
	Water Sample Submit	ted? Yes	No	<u> </u>		
RE	MARKS:					

10 8	wower Kon Bor	a d	Well No		
	is July line	i V	Well No	•	·
	Birty	Licens	• No. 7	2	471
11. Permit		Date			
	rom Princely Class	13. Cou			
	Formation		297	-	11/1
	th <u>/ / /                               </u>		91	·	1-1-1-4
	:ft. Slot		3w	<u>                                     </u>	<del></del>
		Elev		-	<del>╽╶</del> ╁╌╉╸
15. Casing	and Liner Pipe			L	
Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)	LO	SHOW CATION IN
	plactic		10	SEC.	TION PLAT
36	concrete		50	SE:	$5\omega NW$
16. Size H	ole below casing:	in.			
	levelft. below casi		h is		ft.
_1					
	ground level. Pumping lev	el ft.	when pu	mping	at
	ground level. Pumping lev rhours.	el ft.	when pu	mping	7 at
gpm for		el ft.	when pu	mping	DEPTH OF BOTTOM
gpm for	r hours.	el ft.	when pu	mping	j at
gpm for	r hours.	el ft.	when pu	mping	j at
gpm for	r hours.	el ft.	when pu	mping	j at
gpm for	r hours.	el ft.	when pu	mping	j at
gpm for	r hours.	el ft.	when pu	mping	DEPTH OF BOTTOM  14  /6  38
gpm for	r hours.	el ft.	when pu	mping	DEPTH OF BOTTOM  14  /6  38
gpm for	r hours.	el ft.	when pu	mping	DEPTH OF BOTTOM  14  /6  38
gpm for	r hours.	el ft.	when pu	mping	DEPTH OF BOTTOM  14  /6  38
gpm for	r hours.	el ft.	when pu	mping	DEPTH OF BOTTOM  14  /6  38
gpm for	r hours.	el ft.	when pu	mping	DEPTH OF BOTTOM  14  /6  38
gpm for	r hours.	el ft.	when pu	mping	DEPTH OF BOTTOM  14  /6  38
gpm for	r hours.	elft.	THICK	mping	DEPTH OF BOTTOM  14  /6  38

White :py -iii. wepl. of Public Health
Yellow Copy -- Well Contractor
Blue Copy -- Well Owner

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

1.	Type of Well			1 "7
	a. Dug I	Borgd Ho	le Diam. <u>44</u> in	. Depth & ft.
	Curb materia	ا <u>ر ۵۰ - د</u> . Bu	ried Slab: Yes_	No
				Depthft.
				In Rock
		Gravel Pa	cked	
	d. Grout:	(KIND)	FROM (Ft.)	TO (Fi.)
			<u> </u>	
2.	Distance to Nec	πest:		
	Building	Ft.	Seepage Tile Fig	eld
	Cess Pool	<u> </u>	Sewer (non Cast	iron)
	Privy		Sewer (Cast iron	)
	Septic Tank Leaching Pit _		Ratu yard	
			Manure Pile	<del></del>
3.	Well furnishes	water for human	consumption? Y	esNo
4.	Date well comp	leted	/ 2 5 / 1	9No
5.	Permanent Pum	p Installed? Ye	s Daté	No
			peLoca	
_				Ft.
7.	Manufactures	installed r	esNo <u>C</u>	
			Model Num	per
8.	Well Disinfects	d? Yes	No U	
Q.	Pump and Favir	oment Disinfects	d? Yes	No U
10	Pressure Took	Size and	Туре	.110
IV.	Location		1 ype	
11.		ubmitted? Yes	No	L-
RE	MADVC.		•	
	Mi	in er	#	

<b>GEOLOGICAL</b>	AND	WATER	SURVEYS	WELL	RECORD
	<i>-</i> -	•	G \	1 4 Zu C	

10.	Propert	y owner Kaymand B.	ella men	Well No	•	
•	Addres	is thelesbor	~6			
	Driller		Licens	e No7	7 -	421
11.	Permit	No. 206511	Date /	0/13	17.	7
		rom sand	13. Cour	aty 12		K. A.
		Formation h # ? to 6 2 ft.		30	. —	141
• 4					· -	╂╼╂╼╂╼┨
14.		: Diamin. :ft. Slot	Twp	$\frac{7}{3}\frac{7}{11}$	, L	
	Length	:ft. \$lot		310	. [ X	1 1 1
15.	Casing	and Liner Pipe	Elev	'		
Die	m. (in.)	Kind and Weight	From (Ft.)	To (Ft.)	1.0	SHOW CATION IN
$\Gamma_{i}$	,	hlastic		10	SEC	TION PLAT
_	36	A-		62	NE	viu sul
-	3 6	Concerto)	<del> </del>	6	ļ	
Ļ		<del></del>	l		J	
		ole below casing:				
17.		levelft. below casi				
	above	ground level. Pumping lev	el ft.	when pu	mping	j at
	gpm to	r hours.				
18.		ORMATIONS PASSED THROUGH	GН	THICK	NESS	DEPTH OF BOTTOM
18.			GH	THICK	NESS	DEPTH OF BOTTOM
18.		CORMATIONS PASSED THROUGH		THICK	NESS	12_
18.			GH .	THICK	NESS	DEPTH OF BOTTOM
18.		CORMATIONS PASSED THROUGH		THICK	NESS	12_
18.		CORMATIONS PASSED THROUGH		THICK	NESS	12_
18.		CORMATIONS PASSED THROUGH		THICK	NESS	12_
18.		CORMATIONS PASSED THROUGH		THICK	NESS	12_
18.		CORMATIONS PASSED THROUGH		THICK	ENESS	12_
18.		CORMATIONS PASSED THROUGH		THICK	:NBSS	12_
18.		CORMATIONS PASSED THROUGH		THICK	NESS	12_
18.		CORMATIONS PASSED THROUGH		THICK	NESS	12_
18.		CORMATIONS PASSED THROUGH		THICK	NESS	12_
18.		CORMATIONS PASSED THROUGH		THICK	NESS	12_
	?"	CORMATIONS PASSED THROUGH	-neigh		NESS	12_
	ONTINU	E ON SEPARATE SHEET IF	NECESSARY	7		12-64
	ONTINU	E ON SEPARATE SHEET IF	NECESSARY	7		12-64
	ONTINU	and sand	NECESSARY	7		12-64

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### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Type of Well			10
	a. Dug I	Bored	le Diam. <u>YY</u> in	. Depthft
	Curb materio	Il La Bi	uried Slab: Yes_	No
	b. Driven	Drive Pip	e Diamin.	Depthft
	c. Drilled	Finished	in Drift	In Rock
	Tubular	Gravel Pa	icked	
	d. Grout:	(KIND)	FROM (Pt.)	TO (Ft.)
		}- <del></del>		
		L	1	<u>}</u>
2.	Distance to Ne	urest:		_
	Building	Ft.	Seepage Tile Fie	eld
	Cess Pool		Sewer (non Cast	iron)
	Privy		Sewer (Cast iron	)
	Septic Tank		Barnyard	
	Leaching Pit_		Manure Pile	
3.	Well furnishes	water for <u>h</u> uman	consumption? Y	es_ <u></u> No
4.	Date well comp	leted	7 8 / esDate	
5.	Penactient Pum	p Installed? Ye	s Date	No
	Manufacturer	Τv	pe Loca	tion
	Capacity	_gpni. Depth of	Setting	F
6.	Well Top Scale	d? YesNo	Туре	
7.	Pitless Adapte	r Installed? Y	es No	<u> </u>
	Manufacturer		Model Num	ber
	How attached t	o casing?	No	
8.	Well Disinfecte	d? Yes	No	
9.	Pump and Equi	pment Disinfect	ed? Yes	No
10.	Pressure Tank	Sizegal.	Туре	
	Location			
11.	Water Sample S	ubmitted? Yes	No	
RE	MARKS:			
	7	Mu e	A	
	•		vin	

	n. 17					
10.	Property owner VII.	nees	Well No			
	Address 10 40	·				
		Licens			<u>-607</u>	
11.	Permit No. 100 3 86	Date	$\frac{7}{2}$	<u> </u>	<del>\</del>	
12.	Water from Formation	_ 13. Сош	ity	<u>ر بټ</u>	tion.	7
	at depth 18 to 21 ft.		30		4	J
	Screen: Diamin.		. 9 N	حات		
	Length:ft. Slot		34	<i>&gt;</i>	╀╌╂╌┨	
		-	·			
15.	Casing and Liner Pipe	2.10				
	n. (in.) Kind and Waight	From (Ft.)	T. (PL)	1	SHOW	
10,100		FISH (F(.)	10 (71.)		CATION IN	
<	5 plante		10		וא שמ י	1
	36 cometer		60	""	NW KI	معر
16.	Size Hole below casing:	in.				
17.	Static levelft. below casis	ng top which	h is		ft.	
	above ground level. Pumping leve	el ft.	when pu	mpin	g at	
	gpm for hours.				•	
	FORMATIONS PASSED THROUG		THICK	NESS	DEPTH OF	
18.	-A7	····			воттом	
	Clan		1		18	
	24				2/	
	7	<del></del>				
	Jun chay				60	
					<del> </del>	
		····				
					l	
			_		<del> </del>	
			- [		1	
	•				<del> </del>	
	<del></del>	·				
(CC	ONTINUE ON SEPARATE SHEET IF	NECESSARY	n			
			~	_ 7	- 5/1	
SIGN	VED	D <i>I</i>	TE_7			

#### INSTRUCTIONS TO DRILLERS

White Copy -III. Dept. of: \_\_ric Health
Yellow Copy -- Well Contractor Blue Copy - Well Owner

FILL IN ALL PERTINENT INFORMATION REQ. STED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, BUREAU OF ENVIRONMENTAL HEALTH, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62701. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Curb materia b. Driven c. Drilled Tubular	ıl Bu Drive Pipe Finished i	ried Slab: Yes_ e Diamin	n. Depth <u>19</u> ftNo Depthft. In Rock		
	d. Grout:	(KIND)	FROM (Ft.)	TO (Ft.)		
		: <del> </del>				
			<u> </u>			
2.	Distance to New Building Coss Pool Privy Septic Tank Leaching Pit	<u>N∪</u> Ft.	Sewer (non Cast Sewer (Cast iron	eld		
3.	•		ed for human con			
		No				
4.	Date well comp	leted	es	No.		
3.	Manufacturer	p installed?	Туре			
	Capacity	gpm. Dept	h of setting	ft.		
6.	Well Top Sealed	17 Yes	No			
7.	Pitless Adaptor	:Installed? Y	es No	lo		
				No		
RE	REMARKS:					
	P31 4.065 -72		·			
	-72 IB-1			·		

	GEO	LOGICAL AND WATER	SURVEYS	WELL R	ECO	RD
	Address Driller	y owner ME Paul Joses Hillbaco Guel Eckemen	T. L.L Et Licens	e No		
	Water f	rormution '	13. Cou	nty	·	gomen.
14.	Screen	th toft. : Diam in. ::ft. Slot	Twp Rge	. <u>3/.</u> . <u>9</u> 2. . <u>3</u> 4		
15.	Casing	and Liner Pipe				
	m. (in.)	Kind and Weight	From (Ft.)	To (Ft.)	SECT	SHOW CATION IN TION PLAT
					Su	NENG
	Static above gpm fo	ole below casing:  levelft. below cas ground level. Pumping le rhours.  FORMATIONS PASSED THRO	sing top whicevelft	. when pu		y at
			Clay	16	7	10
			SANd		• 	13
	<del>''''</del>		Clay			19
				<u> </u>		
(C	UNITHO	E ON SEPARATE SHEET I		-,		
SIG	NED	Day E. M.C.	D <i>i</i>	ATE	0/2	12/73
	( <del>-121</del> , ma	I week Drilling				421

#31

White Copy —
III. Dept. of f'u\_...c Health
Yellow Copy — Well Contractor
Blue Copy — Well Owner

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## ILI.INOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.			lole Diam. <u>30</u> ir	
	b. Driven c. Drilled Tubular	Drive Pi	Buried Slab: Yes_ pe Diamin. I in Drift Packed	. Depthft.
	d. Grout:	(KIND)	FROM (Ft.)	TO (Ft.)
	`			
2.	Distance to Nea		Seepage Tile Fi	11 460
	Cess Pool		• •	iron)
	Privy			ı)
	Septic Tank Leaching Pit _			
	Is weter from the	nis well to be u No	used for human con	sumption?
4. 5.	Permanent Pum	n Installed?	Yes	No -
Ū.	Manulacturer		Туре	<del></del>
_	Capacity	gpm. De	pth of setting No	ft
D. 7.	Pitless Adaptor	ır res r Installed?	Yes N	
8.	Well Disinfecte	d? Yes	No	
8.	Water Sample S	ubmitted? Y	es!	Vo
REI	MARKS:			
	•			
:	* 			
	PH 4.(168 -72			
	IB-1			

	GEO!	LOGICAL AND WATER	SURVEYS V	VELL R	ECO	RD
11. 12.	Address Driller Permit Water f at dept Screen	y owner Kelleth 16  September 16  No. 1/F 20772  Formation  th to it.  Dicum: in.	License License 13. Coun Sec. Twp	e No. <u>5</u>	2 - 4	47 2
15.	Casino	and Liner Pipe	Elev	,		
	30	Kind and Weight	From (Ft.)	To (Ft.)	SEC	SHOW CATION IN TION PLAT
	Static above	ole below casing: levelft. below casi ground level. Pumping lev r hours.	ing top whic			
18.	1	ORMATIONS PASSED THROUGH	СН	THICK	NESS	DEPTH OF BOTTOM
		clay		32		
						<b></b>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Lange Will DATE 10/25/23

White Copy —

111. Dept. of Pt 2 Health
Yellow Copy — Well Contractor
Blue Copy — Well Owner

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### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

	i ubulær	Gravel P	in Drift acked	In Rock
•	d. Grout:	(KIND)	FROM (Ft.)	TO (Ft.)
	<b>\</b>	<del></del>	-	
2.	Distance to Nea	rest:	·	
			Seepage Tile Fi	eld
(	Cess Pool		Sewer (non Cast	
i	Privy Septic Tank		-	1)
	Leaching Pit _		Manure Pile	
•	Yes Date well compl	No	sed for human cor	•
			Yes	
J. 1	r ermanent i amp Manufacturer	mstaneat	Туре	
(	Capacity	_apm. Der	th of setting	f:
S. 1	Well Top Sealed	2 Yes	No	-
			YesN	
			No	
			)s1	
EM.	ARK <b>S</b> ;			

GEOLOGICAL	AND	WATER	<b>SURVEYS</b>	WELL	RECORD
------------	-----	-------	----------------	------	--------

10.	Propert	ty owner <u>Pake II CRAN</u>	Field.	Well No.	٠ ــــــــ	
	Addres	s Hillruko IL	<u>L </u>			
	Driller	Gust Bekemeyer	Licens	e No. 2	2-4	172
11.	Permit	No. NF 19722	Date			
		from C./ny Formetion	13. Сош	nty M	conta	omeny
		•				
		th toft.		3/		
14.		: Diamin.	Twp	. 9h		[
	Length	1:ft.	Rge	. <u> </u>		
			Elev	/	.  -	╂╌╂╼┫
15.	Casing	g and Liner Pipe			<u> </u>	
Dia	m. (in.)	Kind and Weight	From (Pt.)	To (Pt.)	LOC	SHOW CATION IN
1	ا ن 3	Concrete	33	1		TION PLAT
_					NE	SE SE
-		<del></del>	<del> </del>		,,,	
<u></u>			<u> </u>			
16.	Size H	lole below casing:	in.			
17.	Static	levelft. below casi	ng top which	ch is		ft.
	above	ground level. Pumping lev	el ft.	when pu	mping	at
	gpm fo	or hours.				
18.		FORMATIONS PASSED THROUGH	СН	THICK	NESS	DEPTH OF BOTTOM
		<del></del>	·····			20110
		_		32	,	
			lay_			<del></del>
				ļ		
_				<del></del>		
			<del> </del>			L
(C	UNITHO	E ON SEPARATE SHEET IF	NECESSARY	n		
		y e -			,	
SIG						
	NED	Land he	D/	TE	[28]	2}
	NED	Dan & Mu	D#	TE	18/	23

#33

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III. Dept of Pt :: Health
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Blue Copy — Well Owner

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GEOLOGICAL AND WATER SURVEYS WELL RECORD

### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

		10.	Proper	rty owner Noelan Tober	man w	ell No.		
1.	Type of Well		-	ss R. R. #2. Hillsb				
••	a. Dug Bored X Hole Diam. 36 in. Depth 32 ft.			r Clarence Kohnen		No. 102-	30	
	Curb material Buried Slab: YesNoX	11.	Permi	t No. 88707		8-15-79		
	b. Driven Drive Pipe Diamin. Depthft.			from sand & gravel		montgo	mery	
	c. Drilled Finished in Drift In Rock				-			
	Tubular Gravel Packed X			oth <u>24</u> to <u>32</u> ft.		31 · 6 · 1	+++	
	d. Grout:	14.	Screen	n: Diamin.	Twp.	-3W		
	(KIND) FROM (Ft.) TO (Ft.)		Lengt	h:ft. Slot	_		1 1 1 1	
	concrete 0 10	15	Casia	a and I inco Dinc	Elev			
	gravel 10 32	15.	Casin	g and Liner Pipe	<del></del>			
		Die	m. (in.)	Kind and Weight	From (Ft.) To		SHOW CATION IN	
•	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	B6_		concrete	0+1	32 138	TION PLAT	NWE SW SESW
۷.	Distance to Nearest:					,,,,,	, ,, 7	,
	Building ok Ft. Seepage Tile Field ok				1			
	Cess Pool Ok Sewer (non Cast iron) Ok	<u> </u>	C: 1	7-1-1-1	<del></del>			
	Privy         Ok         Sewer (Cast iron)         Ok           Septic Tank         Ok         Barnyard         Ok			lole below casing:		•		
	Septic Tank Ok Barnyard Ok  Leaching Pit Ok Manute Pile	17.		levelft. below cas				
3	Well furnishes water for human consumption? Yes X No			ground level. Pumping levorhours.	ei It. w	uen bambine	g at	
	Date well completed 8-31-79		gpin re	or nours.				
	Permanent Pump Installed? Yes x Date 8-28-79 No	18.		FORMATIONS PASSED THROU	CH	THICKNESS	DEPTH OF BOTTOM	
٥.	Manufacturer Weber Ind. Type sub Location in well			127				
	Capacity 10 gpm. Depth of Setting 30 Ft.			topsoil		1	1	
6.	Well Top Sealed? Yes x No Type concrete can			yellow c	lay	6	7	
	Pitless Adapter Installed? Yes No							
••	Manufacturer Model Number			yellow s	andy clay	15	22	
	How attached to casing?			vellow s	and & braye	1 10	32	
8.	Well Disinfected? Yes v No No							
9.	Pump and Equipment Disinfected? Yes v NoNo					<del> </del>	<del></del>	
10.	Pressure Tank Size 30 gal. Type contained air							
	Locationin well	-					1	
11.	Water Sample Submitted? YesNoX	_			~~~	<del> </del>	<del> </del>	
	MARKS:							
						L	<del></del>	
		(C	INITHO	UE ON SEPARATE SHEET, IF	NECESSARY			
		-1-		Garence Mohn	(11)	E 8-31	_70	
		SIG	NED _	CONTRACT / JOINE	DAT	E	17	

IDPH 4.065 1/74 - KNB-1

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hite Croy -III. Dept of Public Health Yellow Copy - Wall Contractor Blue Copy - Wall Chine:

FILL IN ALL PERTINENT INF. HARICH REQUESTED AND MINE OF CHIEF TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 MEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. BOINGT DETACH GEOLOGICAL WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Type of Well  o. Duy
	d Grout: (KIND) FROM (FL) TO (Ft)
2.	Distance to Necrest:
	Building Ft. Seepage Tile Field
	Cess Pool Sewer (non Cast iron)
	Frivy Sewer (Cast iron)
	Septic Tank Barnyard
	Leaching Pit Manure Pile
3.	Well furnishes water for human consumption? YesNo
4.	Date well completed 2/1+3-76
5.	Pennanent Pump Installed? YesDateNo
	ManufacturerTypeLocation
	Capacityapm. Depth of SettingFt.
6.	Well Ton Segled? Yes No Type
7.	Pitless Adapter Installed? YesNo
	Manufacturer Model Number
	How attached to casing?NoNo
8.	Well Disinfected? YesNo
9.	Pump and Equipment Disinfected? YesNo
10.	Pressure Tank Sizegal. Type
	Location
11.	Water Sample Submitted? YesNo
RE:	MARKS:
2	new court no bly yet -

GEOLOGICAL AND WATER SURVEYS WELL RECORD

	0 1 17 1	· <del></del>				
10.	Property owner	كسترورو	Well No			
	Address Dellation	('')				,
	Driller Bearing	Licens	e No	7	<u>-7.11</u>	
	Permit No	کے Date	bican	16.	/6	
12.	Water from Grand	13. Cow	ntyku	5	-	-
	at depth <u>12</u> to <u>16</u> ft.		32	'	]	
14.	Screen: Diamin.		· 9N			
	Lergth:ft. Slot		. 3k/			
	<b></b>	Elev	·	. <b>}</b>	<del>                                     </del>	-4
15.	Casing and Liner Pipe	,		<u> </u>	1	
Die	m. (in.) Kind and Weight	From (Pt.)		LO	SHOW	IN
	6 plant		10	SEC	rion Pi	LAT
	36 Count		40	25	NES	<b>5</b> €
16.	Size Hole below casing:	in		ı		
	Static levelft. below casi		h is			ít.
	above ground level. Pumping leve					
	gpm for hours.	1	•	• •		
	gpin fornours.	•				
18.	FORMATIONS PASSED THROUGH	ж	ТНІСК	NESS	DEPTH	O.P
18.	·	ЭН	ТНІСК	NESS	вотто	o P
18.	·	эн	ТНІСК	NESS	DEPTH BOTTO	o P
18.	·	БН	ТНІСК	NESS		OF M
18.	·	БН	Тніск	NESS	17	OF M
18.	·	БН	Тніск	NESS	17	OF M
18.	·	5H	ТНІСК	NESS	17	OF M
18.	·	5H	ТНІСК	NESS	17	OF 3
18.	·	БН	ТНІСК	NESS	17	OF M
18.	·	БН	ТНІСК	NESS	17	3
18.	·	5H	ТНІСК	NESS	17	OF 3
18.	·	5H	THICK	NESS	17	OF M
18.	·	БН	THICK	NESS	17	3
	FORMATIONS PASSED THROUGH			NESS	17	3
	FORMATIONS PASSED THROUGH	NECESSARY		NESS	17	3
	FORMATIONS PASSED THROUGH	NECESSARY		NESS	13 16 33 40	3
	FORMATIONS PASSED THROUGH	NECESSARY		NESS	13 16 33 40	3

13

#### INSTRUCTIONS DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Type of Well		`	211			
	a. Dug Bored Hole Diam. 30 in. Depth 4ft.						
	Curb materia	ıl Bu	ried Slab: Yes_	No			
	b. Driven	Drive Pipe	Diamla.	Depthft.			
	c. Drilled Finished in Drift In Rock						
	Tubular	Gravel Pa	cked				
	d. Grout:	(KIND)	FROM (Ft.)	TO (F1.)			
		(KIND)	PROM (Pt.)	10 (F1.)			
	i						
2	Distance to Ne	mest.					
	Building	30 Fr.	Seenage Tile Fig	eld			
	Cess Pool			iron)			
	Privy		1	)			
	Septic Tank	100	•				
	Leaching Pit_		•				
3.				esNo			
		leted					
5.	Permonent Pum	p Installed? Ye	s Date	No			
	Manufacturer	Tv	pe Loca	tion			
				Ft.			
6.							
		r Installed? Ye					
				per			
	How attached to	o casing?					
8.	Well Disinfecte	d? Yes	∠No				
		pment Disinfecte		No			
10.	• •						
	Location						
11.	Water Sample S	ubmitted? Yes	No				
RE	MARKS:						

		Lapla 7	Johlen	wr. 11 Mr.		
10.	Proper	- , , , , , , ,	ILL	Mell No	٠	
	Addres	GARYE. NOL	Licens	e No.	92-	623
11.		No. 176719	Date			
		from SAN	13. Com	nty	lent	Somery
	at dept	th toft.	Sec.	<u>رح 3 _</u>	34	
14.	Screen	: Diamin.	Twp	· <u> </u>		
	Length	:ft. Slot	Rge	36	:	
	<i>~</i> .	14. 70.	Elev	/. <del></del>	.  -	
		and Liner Pipe	<del></del>		<b></b>	BHOW
P.	m. (in.)	Kind end Weight	From (Ft.)	To (Ft.)		CATION IN
<u> </u>	<u>30</u>	Concrete.	14			TION PLAT
L	(e'	Puc	//		.i. i=	swall
			<u> </u>	L	j	
		ole below casing:				
17.		levelft. below cas				
		ground level. Pumping le	vel ft.	when pu	mping	g at
-	gpm 10	r bours.				
18.		FORMATIONS PASSED THROU	CH	THICE	NESS	DEPTH OF BOTTOM
			Cla	, 14	1	
			7.	1 10		
			SANG	11/0		
						į
		<del></del>	<del></del>			
			<del></del>			<b></b>
				1		<b>!</b>
(0	ONTINU	E ON SEPARATE SHEET IF	NECESSARY	n		
(C	ONTINU	4		•	c	22 26-
	ONTINU	E ON SEPARATE SHEET IS		•	8.,	28-78
		4		•	8.,	28-78

#### INSTRUCTIONS TO . .LLERS

White Copy — III. Dept. of Public Health Yellew Copy — Well Contractor Blue Copy — Well Owner

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GEOLOGICAL AND WATER SURVEYS WELL RECORD

### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

WELL CONSTRUCTION REPORT  1. Type of Well  a. Dug Bored Hole Diam	11. Permit No	Well No	-607
2. Distance to Nearest:	Diam. (in.) Rigid and Weight From (Ft.)  6 flastre  36 coverett		EHOW ECATION IN CTION PLATE SE NW
Building 40 Ft. Seepage Tile Field 150  Cess Pool Sewer (non Cast iron)  Privy Sewer (Cast iron)  Septic Tank 150 Barnyard  Leaching Pit Manure Pile  3. Well furnishes water for human consumption? Yes No	16. Size Hole below casing:in.  17. Static levelft. below casing top whi above ground level. Pumping levelft gpm for hours.		
6. Date well completed 9-22-85  5. Permanent Pump Installed? YesDateNo  ManufacturerTypeLocationFt.	18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Capacitygpm. Depth of SettingFt.	sel a govel to		26
6. Well Top Sealed? Yes No Type 7. Pitless Adapter Installed? Yes No How stacked to easing?  How stacked to easing?	gry cly		27
How attached to casing?No			
O. Pressure Took Sizegal. Type		_	
LocationNoNoNoNEMARKS:			
	(CONTINUE ON SEPARATE SHEET IF NECESSAR'S SIGNED DECESSAR'S	n ATE 9-2	7一年

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### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Type of Well		<b>.</b>	
	a. Dug I	Bored Ho	ole Diam. <u>30</u> in	. Depth <u>54</u> ft.
			uried Slab: Yes_	
	b. Driven	Drive Pip	e Diamin.	Depthft.
	c. Drilled	Finished	in Drift	In Rock
	Tubular	Gravel Po	icked	
	d. Grout:	(KIND)	PROM (Ft.)	TO (Ft.)
		(8300)	1,	
	į		<u> </u>	<b></b>
			ļ	<b> </b>
			<u></u>	
2	Distance to Ne	mest:		
	Building		Seenage Tile Fig	eld
	Cess Pool			iron)
				)
	Privy Septic Tank	1007	•	
	Leaching Pit_		Manure Pile	
3.	Well furnishes	water for human		es_ <u></u> No
				No L
				tion
			•	Ft.
6.				
7.	Pitless Adapter	Installed? Y	es No	<b></b> _
				ber
	How attached to	o casing?		
8.	Well Disinfecte			
9.	Pump and Equip	pment Disinfect	ed? Yes	No
10.	Pressure Tank	Sizegal.	Туре	
	Location			<del></del>
11.	Water Sample S	ubmitted? Yes	s No	1.
	MARKS:			

ĮŪ.	Propert	y owner Ance Bu	17/01	Well No.		
	Addres	s HILL BORG	.ILI			
	Driller	GARY E. NO	ZL License	No	1, 7	<u>-7.53</u>
11.	Permit	BARY E. NO. 84777	Date			
12.	Water f	rom Sand	13. Coun	ty	100	Tgomer
	at dent	th toft.		33	_	
14.		: Dicunin.	Twp.	S?N		<del></del>
	Length	:ft. Slot	Rge.	3°N 3W		╂╌╂╌┨
			Elev.		.	<del>}- - - </del>
15.	Casing	and Liner Pipe			L	1.0%
Die	m. (in.)	Kind and Weight	From (Ft.)	To (Ft.)	LO	SHOW CATION IN
	30	concrete	24		SEC.	SE SE
$\overline{}$	18	Concrete	32		35	): J.
	<i>41</i>	<u>C.D. 7.C.R.G. C.</u>				
18.		r hours.	GH	тніск	NESS	DEPTH OF
18.			GH	ТНІСК	NESS	DEPTH OF BOTTOM
18.			GH	ТНІСК	NESS	DEPTH OF BOTTOM
18.			clay	ТНІСК	NESS	DEPTH OF BOTTOM
18.			CAY SANO	THICK	NESS	DEPTH OF BOTTOM
18.			Clay SANO	THICK	NESS	DEPTH OF BOTTOM
18.			Clay SANO	THICK	NESS	DEPTH OF BOTTOM
18.			CAY SANO CAY	12   12   12   30	NESS	DEPTH OF BOTTOM
18.			Clay SANO Clay	THICK	NESS	DEPTH OF BOTTOM
18.			Clay SANO Clay	THICK	NESS	DEPTH OF BOTTOM
	. 1		Clay SANO Clay	12 1. 12 30	NESS	DEPTH OF BOTTOM

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### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

<b>1.</b>	b. Driven c. Drilled Tubular	Bu Bu Bu . Drive Pipe . Finished i	ried Slab: Yes_ Diamin.	Depth St.  No Depth ft.  In Rock
	d. Grout:	(KIND)	FROM (Fi.)	TO (Ft.)
		<del></del>	·	
	!			
			<u> </u>	LJ
2.	Distance to Ne	west:		
_	Building3		Seenage Tile Fig	eld / 800
	Cess Pool		Sewer Inon Cast	iron)
	Privy			)
	Septic Tank	80	Romvard	
	Leaching Pit _		Manure Pile	
3	Well furnishes	water for human	consumption? Y	esNo
Ā	Date well comp	leted S -	2/-5	7
5	Permonent Pum	n Installed? Ye	. Date	No
٠.	Manufactures	P instance. Te		tion
				Ft.
6				
7	Pitless Admite	installed? Ye	s No	
••				per
				···
R	Well Disinfecte	o casing? d? Yes	No V	<del></del>
			d? Yes	No. L.
10.		yui.		
11	Water Cample S	.bestsied	No	<del></del>
	MARKS:	mmillen: [68		
خة 1	mru utu.			

		O.	0	1		
10.	Propert	ty owner P. N K	himmed!	Well No.	ـــــ	
	Addres	15 Killeborg				
	Driller	Junto	Licens	No	7 2.	-607
	Permit		Date		<u> </u>	82
12.	Water f	rom Formation	13. Cour	ty	<u> </u>	1
	at dept	th 74 to 24. ft.	Sec.	.3.3.3	a	
14.		: Dicmin.		921		
	Length	n:ft. Slot	Rge.	1366		
			Elev		.	<del>                                     </del>
15.	Casing	and Liner Pipe			L	
Die	m. (in.)	Kind, and Toight	From (Ft.)	To (Ft.)	Lo	SHOW CATION IN
	6	plastic		10	BEC.	TION PLAT
Г	36	Concrete.		8.5	OE.	JW JE
16.	Size H	ole below casing:	in.		ı	
17.	Static	levelft. below casi	ng top whic	h is		ft.
	above	ground level. Pumping lev	eľ ft.	when m	mnin	* ***
		,	••——•••	waren be	mbre	<i>"</i>
	gpm fo	r bours.		water per	me re	, w.
18.	gpm fo	r hours.		тніск		
18.	gpm fo	r hours.				DEPTH OF BOTTOM
18.	gpm fo	r hours.				DEPTH OF BOTTOM
18.	gpm fo	r hours.				DEPTH OF BOTTOM
18.	gpm fo	r hours.				DEPTH OF BOTTOM
18.	gpm fo	r hours.				DEPTH OF BOTTOM
18.	gpm fo	r hours.				DEPTH OF BOTTOM  / 1  7 /
18.	gpm fo	r hours.				DEPTH OF BOTTOM  / 1  7 /
18.	gpm fo	r hours.				DEPTH OF BOTTOM  / 1  7 /
18.	gpm fo	r hours.				DEPTH OF BOTTOM  / 1  7 /
18.	gpm fo	r hours.				DEPTH OF BOTTOM  / 1  7 /
18.	gpm fo	r hours.				DEPTHOP BOTTOM  15  21  74  76  85
	gpm fo	remations passed through	н	ТНІСК		DEPTH OF BOTTOM  / 1  7 /
	gpm fo	r hours.	н	THICK	NESS	DEPTHOP BOTTOM / J / 74 / 76 S 5
	gpm fo	remations passed through	н	THICK	NESS	DEPTHOP BOTTOM  15  21  74  76  85

#### INSTRUCTIONS TO DRILLERS

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## ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

ı.	Type of Well	,	5	Se.
	a. Dug I	Bored Ho	le Diamin	Depth 25 ft.
				No
				Depthft.
				In Rock
	d. Grout:	Gravel Pa	cked	
	a. Grout:	(KIND)	FROM (F1.)	TO (Ft.)
		-		
_		L	d	<u></u>
2.	Distance to Ne			
	Building			eld
	Cess Pool		•	iron)
	Privy			)
	Septic Tank	100	Barnyard	<del></del>
	Leaching Pit _	<del> </del>		·· <del>···································</del>
3.		•	•	es_ <i>L</i> No
4.	Date well comp	leted		
5.				No_ <u>L</u>
	Manufacturer	Ту	peLoca	tion
				Ft.
7.	Pitless Adapter	r Installed? Ye	es No_ <u></u>	
	Manufacturer		Model Numl	oer
	How attached to	o casing?		
8.	Well Disinfecte	d? Yes <i>L</i>	No	
9.	Pump and Equip	pment Disinfecte	d? Yes	No
lO.	Pressure Tank	Sizegal.	Туре	
	Location			
11.	Water Sample S	ubmitted? Yes	No	<u>L</u>
	MARKS:			

	Addres	s Truing ?	1, 0,				<u> </u>	
	Driller	GANGE HOLL	Li	cens	e N	lo	0.5	-623
1.	Permit	No. 1 30139	Do	te			<u>,                                    </u>	
2.	Water 1	rom C/A	<del>/</del> 13.	Cou	nty		<u>lupT</u>	gamen
	at dept	h toft. '		Sec.		33	.41/	
4.	Screen	: Diamin.		Twp	۰	3.M	. F	119
	Length	:ft. Slot						
<b>5</b> .	Casing	and Liner Pipe		Elev	v	<del></del>		
D۱۳	m. (in.)	Kind and Weight	From	(Ft.)	To	(Ft.)	Lo	SHOW CATION IN
_	20	concrete	30				SEC	TION PLA
							l''''	,,,,,
							1	
	Static above	ole below casing: levelft. below co ground level. Pumping l	sing top					
7.	Static above gpm fo	levelft. below co	sing top			en pu		g at
7.	Static above gpm fo	levelft. below coground level. Pumping larhours.	sing top			en pu	ımpin	g at
7.	Static above gpm fo	levelft. below coground level. Pumping larhours.	sing top			en pu	ımpin	g at
7.	Static above gpm fo	levelft. below coground level. Pumping larhours.	sing top			en pu	ımpin	g at
7.	Static above gpm fo	levelft. below coground level. Pumping larhours.	sing top			en pu	ımpin	g at
	Static above gpm fo	levelft. below coground level. Pumping larhours.	evel	ft.	wh	THICI	Impin CNESS	g at
?. 	Static above gpm fo	levelft. below coground level. Pumping larhours.	evel	ft.	wh	en pu	Impin CNESS	g at
7.	Static above gpm fo	levelft. below coground level. Pumping larhours.	evel	ft.	wh	THICI	Impin CNESS	g at
7.	Static above gpm fo	levelft. below coground level. Pumping larhours.	evel	ft.	wh	THICI	Impin CNESS	g at
7.	Static above gpm fo	levelft. below coground level. Pumping larhours.	evel	ft.	wh	THICI	Impin CNESS	g at
7.	Static above gpm fo	levelft. below coground level. Pumping larhours.	evel	ft.	wh	THICI	Impin CNESS	g at
7.	Static above gpm fo	levelft. below coground level. Pumping larhours.	evel	ft.	wh	THICI	Impin CNESS	g at
?. 	Static above gpm fo	levelft. below coground level. Pumping larhours.	evel	ft.	wh	THICI	Impin CNESS	g at

#### INSTRUCTIONS TO ORILLERS

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Blue Copy — Well Owner

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### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Curb materia b. Driven c. Drilled	nl <u>P</u> Bu Drive Pipe Finished i	ried Slab: Yes_ Diamin.	Depth YOft. Noft. In Rock
	a. Grout:	(KIND)	FROM (F1.)	TO (Ft.)
			L_,	
2.	Distance to Ne	crest:		
	Building	Ft.	Seepage Tile Fie	eld
	Cess Pool		Sewer (non Cast	
	Privy		Sewer (Cast iron)	
	Septic Tank		Barnyard	
	Leaching Pit_		Manure Pile	
3.	Well furnishes	water for human	consumption? Y	es_ <u>L_N</u> o
			17 - 75	
5.	Permonent Pum	p Installed? Yes	s Date	No
	Manufacturer_	Ту]	peLoca	tion
	Capacity	_qpm. Depth of	Setting	Ft.
6.	Well Top Seale	d? YesNo.	Туре	<u> </u>
7.	Pitless Adapte	r Installed? Ye	s No	<u> </u>
	Manufacturer		Model Numi	oer
	How attached to	o casing?		
	Well Disintecte	d? Yes	_ No	
			d? Yes	
10.	Pressure Tank	Sizegal.	Туре	
	Location			
		ubmitted? Yes	No	
RE.	MARKS:		_	
	New	illy	2	

	GEO!	LOGICAL AND WATER	SURVEYS	WELL R	EC0	RD
10.	Propert	y owner 24 l Ba	t	Well No.	·	<del></del>
	Addres	s	Tullal	<u> </u>	,	<del></del>
	Driller		Licens	e No.	_2_	471
	Permit		Date _			
12.	Water f	rom Grandle	13. Cou	nty <u>M</u>	<u> </u>	Lynn
	at dept	h 18 to 20tt.	Sec.	33	50	الملك
14.		: Diamin.	Twp	. 9N		
		:ft. Slot		. 3w	_	<del>                                     </del>
	_		•	/. ——	-	3   -
		and Liner Pipe			L	
Die	a. (la.)	Kind and Weight	From (Ft.)	To (Ft.)	LO	SHOW CATION IN
	6	Mistre,	1	10	SEC.	NE JN
	36	wante		40	SE	ME 34
┢			1	- · ·		
<u> </u>	<u> </u>	<u> </u>		L		
16.	Size H	ole below casing: levelft. below ca	in.			
17.	Static	ievei – tt. below car	rina ton whi	ch is		1t.
	above	ground level. Pumping le				
	above					g at
18.	above gpm fo	ground level. Pumping le	vel ft.		mping	g at
18.	above gpm fo	ground level. Pumping le rhours.	vel ft.	THICK	mping	j at
18.	above gpm fo	ground level. Pumping le rhours.	vel ft.	THICK	mpin ness	DEPTH OF BOTTOM
18.	above gpm fo	ground level. Pumping le rhours.	vel ft.	THICK	mpin ness	DEPTH OF BOTTOM  /8
18.	above gpm fo	ground level. Pumping le rhours.	vel ft.	THICK	mpin ness	DEPTH OF BOTTOM
18.	above gpm fo	ground level. Pumping le rhours.	vel ft.	THICK	mpine NESS	DEPTH OF BOTTOM  /8
18.	above gpm fo	ground level. Pumping le rhours.	vel ft.	THICK	mpine NESS	DEPTH OF BOTTOM  /8
18.	above gpm fo	ground level. Pumping le rhours.	vel ft.	THICK	mpine NESS	DEPTH OF BOTTOM  /8
18.	above gpm fo	ground level. Pumping le rhours.	vel ft.	THICK	mpine NESS	DEPTH OF BOTTOM  /8
18.	above gpm fo	ground level. Pumping le rhours.	vel ft.	THICK	mpine NESS	DEPTH OF BOTTOM  /8
18.	above gpm fo	ground level. Pumping le rhours.	vel ft.	THICK	mpine NESS	DEPTH OF BOTTOM  /8
18.	above gpm fo	ground level. Pumping le rhours.	vel ft.	THICK	mpine NESS	DEPTH OF BOTTOM  /8
18.	above gpm fo	ground level. Pumping le rhours.	vel ft.	THICK	mpine NESS	DEPTH OF BOTTOM  /8
18.	above gpm fo	ground level. Pumping le rhours.	vel ft.	THICK	mpine NESS	DEPTH OF BOTTOM  /8
	gpm fo	ground level. Pumping le rhours.	JGH ft.	THICK	mpin NESS 8 2	DEPTH OF BOTTOM  /8  ZO  YO
	gpm fo	ground level. Pumping le	JGH ft.	THICK	mpin NESS 8 2	DEPTH OF BOTTOM  /8  ZO  YO
	gpm fo	ground level. Pumping le	JGH ft.	THICK	mpin NESS 8 2	DEPTH OF BOTTOM  /8

#41

City	County Mante or 222 cay
Section NENW July 32 Twp. No. 9/	Range 3 W
Location (in feet from section corner) 1650	N 2310 East
Owner & Dammen	12 Pa
Contractor	Address Fring FD!
	Elev. above sea level top of well
Depth 28	
Los 8' Clay Sand a Smile ouright	France 20' Had to
Smild curry & weight	- A as of was due.
Were drill cuttings saved	Where filed
Size hole 5 If reduced, where and h	
Casing record Brick Co.	ment Top
Distance to water when not pumping	
feet after pumping at	
Reference point for above measurements	op of well
Type of pump	Distance to cylinder
	Length of suction pipe below cylinder 22'
Length stroke	Speed
Hours used per day	Type of power
	Rating of pump in G. P. M.
Can following be measured: (1) Static water le	vel yes
(2) Pumping level	(3) Discharge
(4) Influence on other wells 22	
Temperature of water	Was water sample collected
Date 1/2/54	Effect of water on meters, hot water
coils, etc. The Sediment in Ke	The Glar
Date of Analysis	Analysis No
	Recorder W J Many was a
2807-19399 12	Date
	#42

City	County Montgenery
Section. S. A. J. Twp. No. 9	N Range 3 W
Location (in feet from section corner) 150	W 13205
<i>A A A A A A A A A A</i>	Authority Est & se and rose 2000
Contractor	Address
Date drilled	Elev. above sea level top of well
Depth /8	
Log	
Were, drill cuttings saved 220	Where filed
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Casing record	now inten
	Distance to water is
feet after pumping at	
	G. P. M. for hours.
Reference point for above measurements	
Type of pump	
Type of pump 12'	Length of suction pipe below cylinder /3
Type of pump  Length of cylinder  Length stroke	Length of suction pipe below cylinder 13
Type of pump 12'	Length of suction pipe below cylinder 13
Type of pump  Length of cylinder  Length stroke	Length of suction pipe below cylinder 13
Length of cylinder /2'  Length stroke  Hours used per day  Rating of motor  Can following be measured: (1) Static water	Length of suction pipe below cylinder  Speed  Type of power  Rating of pump in G. P. M.
Length of cylinder /2'  Length stroke  Hours used per day  Rating of motor  Can following be measured: (1) Static water	Length of suction pipe below cylinder  Speed  Type of power  Rating of pump in G. P. M.
Length of cylinder 12'  Length stroke  Hours used per day  Rating of motor  Can following be measured: (1) Static water	Length of suction pipe below cylinder  Speed  Type of power  Rating of pump in G. P. M.
Length of cylinder  Length stroke  Hours used per day  Rating of motor  Can following be measured: (1) Static water  (2) Pumping level  (4) Influence on other wells  Temperature of water	Length of suction pipe below cylinder  Speed  Type of power  Rating of pump in G. P. M.
Length of cylinder  Length stroke  Hours used per day  Rating of motor  Can following be measured: (1) Static water  (2) Pumping level  (4) Influence on other wells	Length of suction pipe below cylinder  Speed  Type of power  Rating of pump in G. P. M.  level  (3) Discharge
Length of cylinder 12  Length stroke  Hours used per day  Rating of motor  Can following be measured: (1) Static water  (2) Pumping level  (4) Influence on other wells  Temperature of water	Length of suction pipe below cylinder  Speed  Type of power  Rating of pump in G. P. M.  level  (3) Discharge  Was water sample collected
Length of cylinder  Length stroke  Hours used per day  Rating of motor  Can following be measured: (1) Static water  (2) Pumping level  (4) Influence on other wells  Temperature of water  Date  1/2/34	Length of suction pipe below cylinder  Speed  Type of power  Rating of pump in G. P. M.  level  (3) Discharge  Was water sample collected  Effect of water on meters, hot water  Analysis No.
Length of cylinder  Length stroke  Hours used per day  Rating of motor  Can following be measured: (1) Static water  (2) Pumping level  (4) Influence on other wells  Temperature of water  Date    1/2/3/4   coils, etc.	Length of suction pipe below cylinder  Speed  Type of power  Rating of pump in G. P. M.  level  (3) Discharge  Was water sample collected  Effect of water on meters, hot water

	V 473 1-
City Trung	County / Monday
• •	No. 9 N Range 3 W
ocation (in feet from section corner)_	2280'E 2550'5
wner Dadin Va 4	Leiro Authority a 977 Handy Min
ontractor	Address
<u>.</u>	Elev. above sea level top of well
Depth 46	
og my mores	
log	
Were drill cuttings saved	o
Size hole If reduced, wh	
Casing record Brick	Denrent of
	Distance to water is
eet after pumping at	G. P. M. for hours.
Reference point for above measuremen	nta Ith at Well
	Distance to cylinder
ength of cylinder /2	Length of suction pipe below cylinder / 5
	SpeedSpeed
a de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l	
lours used per day	Type of power
	Rating of pump in G. P. M.
Can following be measured: (1) Stati	
2) Pumping level	(3) Discharge ( )
4) Influence on other wells 22	24
Cemperature of water	Was water sample collected
Date	Effect of water on meters, hot water
oils, etc	
	Analysis No.
	111 The holes
165 26	
163 163 26	Date
820	#44
33 -1212	

#45

City trong	County monty
Section SW NE 4 33 Twp. No. 9	N Range 3W
Location (in feet from section corner)	TO'N 1300 W
Owner John Lips	Authority Colory Soft
Contractor	_Address
Date drilled 30 Heres or organ	Elev. above sea level top of well
Depth 20	
Log out Known	
Were drill cuttings saved	N.
Size hole 4 If reduced, where and	•
Casing record Asnick Cur	ment for
Distance to water when not pumping 14'	Distance to water is
feet after pumping at	
Reference point for above measurements	<i>1</i>
Type of pump Section	_Distance to cylinder4
Length of cylinder /2"	Length of suction pipe below cylinder 15
Length stroke	Speed
Hours used per day	Type of power
i e	Rating of pump in G. P. M.
Can following be measured: (1) Static water l	evel 400
(2) Pumping level	_(3) Discharge
(4) Influence on other wells	·
	_Was water sample collected
Date 1/2/34	Effect of water on meters, hot water
coils, etc. Tearer telle Redument	- of lime in Kettle. Holder
Date of Analysis	Analysis No
•	Recorder W J Hoywood
2807-19899 12	Date

	<u>6</u>
City Deving	County Montgomery
Section NESW 33 Twp. No. 9	N Range 3W
Location (in feet from section corner) /550	W 550'N
Owner Ins Lychon	_Authority
Contractor	_Address
Date drilled 1929	Elev. above sea level top of well
Depth /4'	
LOB TElay 7 Clay & Sand	
Were drill cuttings saved	_Where filed
Size hole 4' If reduced, where and	how much
Casing record Brick	oncrete Top
Distance to water when not pumping &	Distance to water is
feet after pumping at	_G. P. M. forhours.
Reference point for above measurements	Top. of Well
Type of pump Suction	_Distance to cylinder
Length of cylinder /2'	Length of suction pipe below cylinder g
Length stroke	_Speed
Hours used per day	Type of power
Rating of motor	Rating of pump in G. P. M.
Can following be measured: (1) Static water	level_44
(2) Pumping level	_(8) Discharge 4.50
(4) Influence on other wells	
Temperature of water	
Date 1/2/34	Effect of water on meters, hot water
coils, etc. Leaves Sediment	of line in Tea Weltle holder
Date of Analysis	Analysis No.
	Recorder W J Hayaran
2807-19899 18	Date

City Hillstons	wp. No. 9/V Range 3 W
Section 3/ T	wp. No. 911 Range 3 W
Location (in feet from section eern	the 330'N + 330'E of Center of section
Owner Flown Heirs	Authority
Contractor	Address
	Elev. above sea level top of well
Depth 210 - plugges	( où well
Log Penn Saulton	130'-210
Were drill cuttings saved	Where filed
	, where and how much
Casing record Cosed To 95	<u></u>
Distance to water when not pumpi	ng 40' Distance to water is
feet after pumping at	G. P. M. forhours.
Reference point for above measur	ements
Type of pump	Distance to cylinder
Length of cylinder	Length of suction pipe below cylinder
Length stroke	Speed
Hours used per day	Type of power
Rating of motor	Static water level Bailed for one hour at stogan  Drew form to denot 110'  (3) Discharge
Can following be measured: (1)	Static water level Bailed for on hour at sogan
(2) Pumping level	(3) Discharge
Temperature of water	Was water sample collected
Date	Effect of water on meters, hot water
coils, etc	
Date of Analysis	Analysis No
	Recorder 775
8807-22617 12	Date 8-2-54 #4

#### INSTRUCTIONS TO DR 'RS

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## ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Type of Well			>0
	a. Dug i	Bored Ho	le Diam. <u>50</u> in	. Depth <u>39</u> ft.
			ried Slab: Yes_	
				Depthft.
				In Rock
	Tubular	Gravel Pa	cked	
	d. Grout:	(KIND)	FROM (Pt.)	TO (Ft.)
		(KIND)	FROM (1.1.)	10 (11.7)
		<u></u>		
			<u> </u>	
2.	Distance to Ne	mest:		
_	Building		Seenage Tile Fig	eld
	Cess Pool			iron)
			•	)
	Privy Septic Tank	No	•	
	Leaching Pit_			
3.				es_ <u></u> No
4.	Date well comp	leted	<u>-</u>	
5.	Permonent Pum	p Installed? Ye	s'Date	N <sub>o</sub>
	Manufacturer	ту	peLoca	tion
				Ft.
6.	Well Top Seale	d? YesNo	Туре	
7.				
	Manufacturer		Model Numl	Der
	How attached to	o casing?		
8.	Well Disinfecte	d? Yes	_ No	
				No
10.				
	Location			
11.	Water Sample S	ubmitted? Yes	No	
RE	MARKS:			

	_	16-1-	10,000			
10.	Propert	y owner Kenneth	Lewe	Well No	٠	
	Addres	B Hillboro	FL		77.5	7 7 5
	Driller	CATY E. No. 1/079 rom C/110	Licens	ie No	72	<u>-6-2</u>
11.	Permit	No	Date _	. 1/	7	1
12.	Water 1	rom Formation	7	_	_	150men
	at depi	.h toft. /	Sec.	<u> </u>	غ	1_1 1 1
l4.		: Diamin.	Twp	. <u>8</u> N	. $\Gamma$	
	Length	:ft. Slot	Rge	. 4n		LX I
15.	Casing	and Liner Pipe	Ele	/		
Die	m. (in.)	Kind and Weight	From (Ft.)	To (Ft.)	۱.,	SHOW CATION IN
	3 <sub>2</sub> 2	concrete.	40		SEC.	TION PLAT
М	<u> </u>	LDVIC-RC IC.	1-12-		NE	NE SW
_		<del></del>			ì	
<u> </u>	<u> </u>	<del></del>	<u> </u>	L	i	
		ole below casing:				•
17.		levelft. below car				
		ground level. Pumping le rhours.	.ve: It	. wnen pu	mbro	g at
	gpiii to	· #Outs.				
18.	1	ORMATIONS PASSED THROU	UGH	THIC	CNESS	DEPTH OF BOTTOM
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	ONTINU	e on separate sheet in		•	<u> </u>	2.2.5

#### INSTRUCTIONS TO DRILLERS

Yellow Copy - Well Contractor Blue Copy - Well Owner

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#### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Type of Well  a. Dug Bored Hole Diam in. Depth ft.  Curb material Buried Slab: YesNo  b. Driven Drive Pipe Diamin. Depth ft.  c. Drilled Finished in Drift In Rock  Tubular Gravel Packed
	d. Grout:
	(KIND) FROM (Ft.) TO (Ft.)
2.	Distance to Nearest:
	BuildingFt. Seepage Tile Field
	Cess Pool Sewer (non Cast iron)
	Privy Sewer (Cast iron)
	Septic Tank Po Barnyard
_	Leaching Pit Manure Pile
	Well furnishes water for human consumption? Yes L No
4.	Date well completed
5.	Permanent Pump Installed? YesDateNo
	ManufacturerTypeLocation
_	Capacitygpm. Depth of SettingFt.
<b>6</b> .	Well Top Sealed? Yes No Type
7.	Pitless Adapter Installed? Yes No
	Manufacturer Model Number
_	How attached to casing?
	Well Disinfected? YesNo
	Pump and Equipment Disinfected? YesNo
10.	Pressure Tank Sizegal. Type
	Location
	Water Sample Submitted? YesNo
RE	MARKS:

10.	Proper	y owner Homer	HALLCA	Well No	٠	
	Addres	s H://b.	RO JILL	•		
	Driller	6-AMINE, MOLL	Licens	e No		
11.	Permit	No. 90136	Date _			
12.	Water I	No. 90136 from SANd	13. Сош	nty	lant.	comen
		th toft.	Sec.	14	89	
14.					7 H	51-1-1
	Length	: Digmin. ::ft. Slot	Rge		M-	
	•		<del>-</del>	·		
		and Liner Pipe			. L.	
Di	ım. (in.)	Rind and Weight	From (Ft.)	To (FL.)		SHOW IN
	30	concrete	30			SE NW
					3.	35 144
					1	
16.	Size H	ole below casing:	in.		•	
17.	Static	levelft. below cas	ing top which	ch is		ft.
		ground level. Pumping lev				
	gpm fo	r hours.				
18.	ı	ORMATIONS PASSED THROU	GН	THICH	CNESS	DEPTHON
				1		DEPTH OF BOTTOM
						BOTTOM
						BOTTOM
						BOTTOM
			ClA	1 30	<b>.</b>	BOTTOM
			Clay	1 20	>	BOTTOM
			Clay	1 se	2	BOTTOM
			C/AG	1 se	>	BOTTOM
			SAN	1 se	<u> </u>	BOTTOM
			SAR	1 se	>	BOTTOM
			C/AG SAA	1 3e	<b>)</b>	SOTTOM
			SAR	1 Se	<b>)</b>	BOTTOM
			SAR	1 20	<b>)</b>	BOTTOM
			C/AG SAR	1 20		SOTTOM
	ONTINU	E ON SEPARATE SHEET IF	SA C	1 20	<b>)</b>	
		E ON SEPARATE SHEET IF	SAN NECESSARY	1 20	<b>)</b>	
	ONTINU	E ON SEPARATE SHEET IF	C/AG SAA	1 20	<b>)</b>	

White Copy III. Dept. r ... iic Health
Yellow Copy - ell Contractor
Blue Copy - Well Cwner

PARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL / WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

## ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Type of Well	iorad – H	cle Diam 43	in. Depth <u>70</u> ft.
				No
				n. Depthft.
				. In Rock
			acked	
	d. Grout:			
		(KIND)	FRCM (Ft.)	TO (Ft.)
_				
2.	Distance to Nea			
				ield
	Cess Pool		Sewer (non Cas	st iron)
	Privy	100 (136	Sewer (Cast iro	on)
	Septic lank	166 17	Barnyard	<del></del>
				•
3.	Is water from this	is well to be u	sed for human co	onsumption?
	Yes	No		~ <i>1</i>
4.	Date well compl	eted	ميري	11_/_
5.	Permanent Pump	Installed?	Yes	7/ No_1/
	Manufacturer		I ype	
	Capacity	gpm. Deg	th of setting	ft
5.	Well Top Secled	? Yes		
7.	Pitless Adoptor	Installed?	Yas	No
3.	Well Disinfected	? Yes	No	
9.	Water Sample Su	omitted? Ye	s	No
RE!	MARKS:			

#### GEOLOGICAL WATER SURVEYS WATER WELL RECORD

			_				. ,
10.	Dept. M	lines and Minerals permi	t No. NF/	302	Yea:	197	<u></u>
11.	Propert	y owner Albert To	trias	Well No	٠		
	Address	- That hours	706.				
	Driller_	Beasley	Jatulicen	se No	4/ 7	/	
12.	Water fr	omFormation	Line 13. Coi	inty	Level;	<u> </u>	مده
		formation h <u>-35</u> to <u>37</u> ft.		150			Ĺ
14		Diamin.	3ec	. 8N	-	╂╼┼╾	╂╾┩
14.			Rnc	44	ソー	<b>↓</b> -↓-	$\downarrow$
	rengin.			·	• L		Ш
15	Casina	and Liner Pipe		v	•	K	
		<u> </u>		<b></b>	,	SHOW	ليسميا
Di		Kind and Weight	From (Ft.)	To (Ft.)	LO	CATION	IN
	36"	concrete	12	70	SEC	J S	PLAT C <
1					~~		
16	Ciia Ua	ole below casing:			ł		
17	Static 1	evelft. below co	HI.	ah ia			EL
17.		pround level. Pumping l					
		hours.	GAS1 1,	when p	بلمة ليؤددن	, at	
						,	
18.	F	ORMATIONS PASSED THRO	UGH	THICE	CNESS	DEPTH BOTT	i of Ox
	10.	to 301 10.	371.				
	<u>XX.y</u>	to 351 thu	27			ļ	<del></del>
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<u>(C</u>	ONTINUE	ON SEPARATE SHEET II	F NECESSARY)			<u> </u>	
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#### TRUCTIONS TO DRILLERS

White Copy — III. Dept. of Public Health Yellow Copy — Well Contractor Blue Copy — Well Owner

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, BUREAU OF ENVIRONMENTAL HEALTH, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62701. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

#### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Type of Well  a. Dug Bored Hole Diam. 42 in. Depth: 23 ft.  Curb material Buried Slab: YesNo  b. Driven Drive Pipe Diamin. Depth ft.  c. Drilled Finished in Drift In Rock
	d. Grout:  (KIND) FROM (Ft.) TO (Ft.)
2.	Distance to Nearest:  Building Ft. Seepage Tile Field  Cess Pool Sewer (non Cast iron)  Privy Sewer (Cast iron)  Septic Tank Barnyard  Leaching Pit Manure Pile
3.	Is water from this well to be used for human consumption?
	Yes No
4.	Date well completed
5.	Permanent Pump Installed? YesNo
	ManufacturerType
6	Well Top Sealed? YesNo
	Pitless Adaptor Installed? YesNo
	Well Disinfected? Yes No
	Water Sample Submitted? YesNo
REI	MARKS:
	PH 4.065

GEOLOGICAL AND WA	ATER S	SURVEYS	WELL R	ECO	RD	
10. Property owner Cell	2/	4	Well No			
IU. Property owner	744	700	Mett No	• ——		<u> </u>
Address Hillaho	<u>ک رم</u>	Licens	w. 0	2 - 4	477	_
Driller Deadly 2	220	Licens 2_ Date _x	5. N2: <del>/</del>	7 V	FI	<del>-</del>
11. Permit No	3 <u>0</u>	Date _3 13. Cour	14. 12 in a	7	<u> </u>	
Formation			•	AT		弌
at depth <u>25</u> to <u>33</u> ft.			15.5			
14. Screen: Diamin.			. <u>8 N</u>		1 1	
Length:ft. Slot		-	4w	· [		
15 G : 11: 7:		Elev	'. ——		1 1	М
15. Casing and Liner Pipe						لــــا
Diam. (in.) Kind and Weig	ht	From (Ft.)	To (Ft.)		SHOW CATION	
6 plante	ا		10		TION P	
36 Page			33	SE	NEN	W
16. Size Hole below casing:_		i-		l		
17. Static levelft. below	w cosi	u.	h ie			£4
above ground level. Pump	ina lev	el ft.	when pu	mpine	r at	
gpm for hours.	,				,	
18. FORMATIONS PASSED	THROUG		THICK	NESS	DEPTH	OF
16.					BOTT	MC
Clay					25	·
sand to file	cla	ь	1		33	
	1					
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(CONTINUE ON SEPARATE SH	EET IF	NECESSARY	)		_	

KNB-1

#### INSTRUCTIONS TO DRIL' "95

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Itt. Dept. of Public saith
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Blue Copy — Well Owner

FILL IN ALL PERTINENT INFORMATION REQUESTE, AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

GEOLOGICAL AND WATER SURVEYS WELL RECORD

#52

### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Type of Well  a. Dug Bored Hole Diam in. Depth ft.  Curb material Buried Slab: Yes No  b. Driven Drive Pipe Diam in. Depth ft.  c. Drilled Finished in Drift In Rock  Tubular Gravel Packed  d. Grout:  (KIND) FROM (Ft.) TO (Ft.)	12. Water from	No. 92- 15- 15- 15- 15- 15- 15- 15- 15- 15- 15	
	Distance to Nearest:  Building Ft. Seepage Tile Field 30  Cess Pool Sewer (non Cast iron)  Privy Sewer (Cast iron)  Septic Tank Barnyard  Leaching Pit Manure Pile  Well furnishes water for human consumption? Yes No	Diam. (in.) kind and from (Ft.) T	10 35C 40	
4.	Date well completed 7-26-78		T	I DEDTU OF
5	Permanent Pump Installed? YesDateNo	18. FORMATIONS PASSED THROUGH	THICKNESS	BOTTOM
••		10 II .	1	112
6. 7.	ManufacturerTypeLocation  Capacityapm. Depth of SettingFt.  Well Top Sealed? YesNoType  Pitless Adapter Installed? YesNo  ManufacturerModel Number	Line Charles		18
6. 7.	Capacityapm. Depth of SettingFt.  Well Top Sealed? YesNoType  Pitless Adapter Installed? YesNo  ManufacturerModel Number	halfu.		18
6. 7.	Capacitygpm. Depth of SettingFt.  Well Top Sealed? YesNoType  Pitless Adapter Installed? YesNo  ManufacturerModel Number  How attached to casing?  Well Disinfected? YesNo	La Char		18
6. 7. 8. 9.	Capacityapm. Depth of SettingFt.  Well Top Sealed? YesNoType  Pitless Adapter Installed? YesNo  ManufacturerModel Number  How attached to casing?  Well Disinfected? YesNo  Pump and Equipment Disinfected? YesNo  Pressure Tank Sizegal. Type	Link france		18
6. 7. 8. 9. 10.	Capacityapm. Depth of SettingFt.  Well Top Sealed? YesNoType  Pitless Adapter Installed? YesNo  ManufacturerModel Number  How attached to casing?  Well Disinfected? YesNo  Pump and Equipment Disinfected? YesNo	Link the		18

### INJIRUCTIONS TO DRILLERS

White Copy — III. Dept. of Public Health Yellow Copy.—Well Contractor Blue Copy — Well Owner

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

GEOLOGICAL AND WATER SURVEYS WELL RECORD

### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Type of Well a. Dug Bored Hole Diam. 3. in. Depthft. Curb material Buried Slab: YesNo b. Driven Drive Pipe Diamin. Depthft. c. Drilled Finished in Drift In Rock Tubular Gravel Packed d. Grout:  (KIND) FROM (Fi.) TO (Fi.)	Address Driller 11. Permit 12. Water for at dept 14. Screen: Length	y owner   C   C   A   A   A   A   A   A   A   A	Licens  Licens  Licens  13. Cou  Sec.  Twp  Rge  Elev	nty // // // // // // // // // // // // //	2 6	7,000
		Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)	LOC	MOW ATION D
_	D	3.	concrete	(.1			TON PL
2.	Distance to Nearest:  Building Ft. Seepage Tile Field					NE A	שא שט
		<del></del>					
	Cess Pool Sewer (non Cast iron)			ن <u>ہ</u> ے۔۔۔۔۔	L	l	
-	Privy Sewer (Cast iron) Septic Tank Barnyard		ole below casing:				
			levelft. below ca				
2			ground level. Pumping le	evel It.	when pu	mbrud	ατ
	Well furnishes water for human consumption? YesNo	gpm to	hours.				
	Date well completed	18.	ORMATIONS PASSED THRO	UGH	THICK	NESS	DEPTH O
Э.	Permanent Pump Installed? YesDateNo			<del></del>	<del></del>		201101
	Manufacturer Type Location					•	
•	Capacitygpm. Depth of SettingFt.						
	Well Top Sealed? Yes No Type			<del></del>			
7.	Pitless Adapter Installed? Yes No						
	Manufacturer Model Number			01.	600		
Q	How attached to casing?NoNo			Chief		<del>-</del>	
	Pump and Equipment Disinfected? YesNo						
	Pressure Tank Sizegal. Type						
10.		<del></del>		<del></del>			
11	Location						
RF	MARKS:						
اجهانا ب	174 d MA 10 2-1679						
				<u> </u>	l		
	NPW 4 065	(CONTINU	E ON SEPARATE SHEET I		•	( <b>.</b> . )	:j

IDPH 4.065 1/74 -- KNB-1 (b9671-12)5M Sets-6-74)

#53

#### INSTRUCTIONS TO DRILLERS

White Copy -III. Dept. of Pub Yellow Copy - Well Contractor Blue Copy - Well Owner

FILL IN ALL PERTINENT INFORMATION REQUES: AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

#### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1.	Type of Well  a. Dug Bored Hole Diam. 30 in. Depth 5ft.  Curb material Buried Slab: YesNo  b. Driven Drive Pipe Diamin. Depthft.  c. Drilled Finished in Drift In Rock  Tubular Gravel Packed  d. Grout:			
	d. Grout:	(KIND)	FROM (FL)	TO (Ft.)
				,
		L	·	L
2.	Distance to Ne			
	Building		• •	eld
٠	Cess Pool			iron)
	Privy			)
	Septic Tank	No	Barnyard	<del></del>
	Leaching Pit_	·	Monure Pile	
3.				
4.	Date well comp	leted	·	
5.	Permanent Pum	p Installed? Ye	sDate	No_ <u></u>
٠	Manufacturer	Tv	peLoca	tion
				Ft.
6.	Well Top Seale	d? Yes Wo	Type	
7.	Pitless Adapte	Installed? Y	esNo	
				per
	How attached to	casina?		
8.	Well Disinfecte	d? Yes /	No.	
			d? Yes	No
٠.		512 <del>6</del> gui.		
1	Water Cample C	.h-:u-d2 Vac	No	
	MARKS:	wuntteg: 162	110	<del></del>
٦£.	manno.	•		

### GEOLOGICAL AND WATER SURVEYS WELL RECORD

10.	Properi	ty owner DIANN H	omes	Well No	•
10.	Addres	s Hillbor	D IL	٣	
	Driller	GARYE, NOL	Licens	e No	92-623
11.	Permit	No	Date		1
12.	Water :	No. 7521 (From SANT)	13. Cou	aty	CVI gom PR
-	at dep	th toft.	Sec.	. <del>3</del> 81	
14.		: Diamin. 1:ft. Slot	Twp	. <u>81/</u>	,
	Length	1:ft.	v.de	• ——	
15.	Casing	g and Liner Pipe	Ele	/. ———	
Di	m. (in.)	Kind and Weight	From (Ft.)	To (Ft.)	SHOW LOCATION IN
	30	concrete.	30		SECTION PLAT
Г					AN LIU SE
					·
16.	Size H	lole below casing:	in.		
		levelft. below casi		ch is	ft.
		ground level. Pumping lev	el ft.	when pu	mping at
	gpm fo	r hours.			
18.	1	FORMATIONS PASSED THROUGH	эн 	THICH	NESS DEPTH OF BOTTOM
18.		FORMATIONS PASSED THROUGH	CH CH	THICH	BOTTOM
18.		FORMATIONS PASSED THROUG	CH CH	THICH	BOTTOM
18.		FORMATIONS PASSED THROUG	SH CH	THICH	RESS DEPTH OF BOTTOM
18.		FORMATIONS PASSED THROUGH	CAY	THICH	DEPTH OF BOTTOM
18.			C/Au SANA	7HICH	
18.	1		C/Ay SANH	7 30	
18.	1		C/An SANA	7 30 9	
18.	1		C/Au Sanh	7 30 9	
18.	1		C/An SANH	7 30	
18.			C/An SANA	7 30 9	
18.			C/Ay SANH	7 30 9	
			CAN	9	
		E ON SEPARATE SHEET IF	C/And SANA NECESSARY	9	20
	ONTINU	E ON SEPARATE SHEET IF	C/And SANA NECESSARY	9	20
			C/And SANA NECESSARY	9	20

IDPH 4.065 1/74 - KNB-1 (59571-121-M Sots-6-74)

#### INSTRUCTIONS TO ILLERS

White Copy — III. Dept. off ic Health Yellow Copy - Well Contractor Blue Copy - Well Owner

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, BUREAU OF ENVIRONMENTAL HEALTH, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62701. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

## ILLINOIS DEPARTMENT OF PUBLIC HEALTH

ILLINOIS DEPARTMENT OF PUBLIC HEALTH	GEOLOGICAL AND WATER SURVEYS WELL RECORD
WELL CONSTRUCTION REPORT	10. Property owner Bul Bauman Well No.
	10. Property owner file with Well No
1. Type of Well  g. Dug Bored! Hole Diam. 1-2-in. Depth_62ft.	Address Itiliation Lle Driller Bearing License No. 92-471
Curb material Company. Buried Slab: Yes No.	11. Permit No. 22/33 Date Sec 14-73
b. Driven Drive Pipe Diamin. Depthft.	12. Water from 13. County Mon+?
c. Drilled Finished in Drift In Rock	
Tubular Gravel Packed	at depth to ft. Sec. 3
d. Grout: (KIND) FROM (Ft.) TO (Ft.)	14. Screen: Diamin. Twpininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininininin.
(KIND) FROM (Ft.) 10 (Ft.)	Elev,
	15. Casing and Liner Pipe
	Diam. (in.) Kind and Weight From (Ft.) To (Ft.)  SHOW LOCATION IN
	6 Plantie 10 SECTION PLAT
2. Distance to Negrest:	
Building St. Seepage Tile Field 200	36" come 62 NW NW N
Cess Pool Sewer (non Cast iron)	
Privy Sewer (Cast iron) Bernyard Barnyard	16. Size Hole below casing:in.
Septic Tank 200 Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barnyard Barny	17. Static levelft. below casing top which isft. above ground level. Pumping levelft. when pumping at
3. Is water from this well to be used for human consumption?	dbove ground level. I displied level It. when pumping dt  gpm for hours.
Yes No A	
Yes No No 29-74  4. Date well completed Office 29-74	18. FORMATIONS PASSED THROUGH THICKNESS DEPTH OF BOTTOM
5. Permanent Pump Installed? YesNo	Elan 35
Manufacturer Type	Blue Clan 27 62
Capacitygpm. Depth of settingft.	- stre clan 2/ 62
6. Well Top Sealed? YesNo	
7. Pitless Adaptor Installed? YesNo	
8. Well Disinfected? YesNo	
9. Water Sample Submitted? YesNo	
REMARKS:	
·	
TOTAL A DATE	(CONTINUE ON SEPARATE SHEET IF NECESSARY)
IDPH 4.065	SIGNED Engline B Bearly of Cifer 29-14

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in. ... ge or Paul Chilliani. Yellow Copy - Well Contractor Blue Copy - Well Owner

(59571-1212M Sets-6-74)

THE IN THE CENTINERS IN COMMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC ALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, LINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

GEOLOGICAL AND WATER SURVEYS WELL RECORD

#### ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

WELL CONSTRUCTION REPORT	
10. Property owner Well No	)
1. Type of Well Address Milkshow	
a. Dug Bored . Hole Diam. 4 1 in. Depth 6 Oft. Driller License No	72.607
Curb material Low Buried Slab: Yes VNo 11. Permit No. 106950 Date 4-2	9-8-3
b. Driven Drive Pipe Diam. in. Depth ft. 12. Water from Sware 13. County 14.	orlinery
a Drillad Finished in Drift In Rock	
d. Grout: 14. Screen: Diam. in. Twp. 8 N	
(KIND) FROM (Fi.) TO (Fi.) Length: ft. Slot Rge. 4 M	-
Elev	-
15. Casing and Liner Pipe	اساليكلسا
Diam. (in.) Kind and Weight From (Ft.) To (Ft.)	SHOW LOCATION IN
10	SECTION PLAT
2. Distance to Nearest:	SW SE SW
Dullding rt. Seepage lile rield	•
Cess Pool Sewer (non Cast iron) 24 Concrete, 60	j
Privy Sewer (Cast iron) 16. Size Hole below casing:in.	
Septic Tank Barnyard 17. Static levelft. below casing top which is	
Leaching Pit Manure Pile above ground level. Pumping levelft. when pu	umping at
3. Well furnishes water for human consumption? YesNo gpm forhours.	
4. Date well completed 5-1/-83	
	INDER DEPTH OF
5. Permanent Pump Installed? YesDateNo	KNESS DEPTH OF BOTTOM
Manufacturer Type Location 10.	BOTTOM
Manufacturer Type Location Ft.	12
S. Permanent Pump Installed? YesDateNo  ManufacturerTypeLocation  Capacitygpm. Depth of SettingFt.  6. Well Top Sealed? YesNoType	12 25
Manufacturer Type Location Ft.  6. Well Top Sealed? Yes No Type  7. Pitless Adapter Installed? Yes No No No Type	12 25
S. Permanent Pump Installed? YesDateNo  ManufacturerTypeLocation  Capacitygpm. Depth of SettingFt.  6. Well Top Sealed? YesNoType  7. Pitless Adapter Installed? YesNo  ManufacturerModel Number	12 25 40
S. Permanent Pump Installed? YesDateNo  ManufacturerTypeLocation  Capacitygpm. Depth of SettingFt.  6. Well Top Sealed? YesNoType  7. Pitless Adapter Installed? YesNo  ManufacturerModel Number  How attached to casing?	12 25
S. Permanent Pump Installed? YesDateNo	12 25 40
S. Permanent Pump Installed? YesDateNo	12 25 40
S. Permanent Pump Installed? YesDateNo	12 25 40
S. Permanent Pump Installed? Yes Date No	12 25 40
Manufacturer Type Location  Capacity gpm. Depth of Setting Ft.  6. Well Top Sealed? Yes No Type  7. Pitless Adapter Installed? Yes No Wanufacturer Model Number  How attached to casing?  8. Well Disinfected? Yes No Pump and Equipment Disinfected? Yes No Location  10. Pressure Tank Size gal. Type Location  11. Water Sample Submitted? Yes No Location	12 25 40
S. Permanent Pump Installed? Yes Date No	12 25 40
Manufacturer Type Location  Capacity gpm. Depth of Setting Ft.  6. Well Top Sealed? Yes No Type  7. Pitless Adapter Installed? Yes No Wanufacturer Model Number  How attached to casing?  8. Well Disinfected? Yes No Pump and Equipment Disinfected? Yes No Location  10. Pressure Tank Size gal. Type Location  11. Water Sample Submitted? Yes No Location	12 25 40
Manufacturer Type Location	12 25 40
Manufacturer Type Location Capacity gpm. Depth of Setting Ft.  6. Well Top Sealed? Yes No Type 7. Pitless Adapter Installed? Yes No Manufacturer Model Number How attached to casing? 8. Well Disinfected? Yes No 9. Pump and Equipment Disinfected? Yes No Location 10. Pressure Tank Size gal. Type Location 11. Water Sample Submitted? Yes No  REMARKS:  (CONTINUE ON SEPARATE SHEET IRNECESSARY)	12 25 40 60
Manufacturer Type Location Capacity gpm. Depth of Setting Ft.  6. Well Top Sealed? Yes No Type 7. Pitless Adapter Installed? Yes No Manufacturer Model Number How attached to casing? 8. Well Disinfected? Yes No 9. Pump and Equipment Disinfected? Yes No Location 10. Pressure Tank Size gal. Type Location 11. Water Sample Submitted? Yes No  REMARKS:  (CONTINUE ON SEPARATE SHEET IRNECESSARY)	12 25 40 60
Manufacturer Type Location	12 25 40 60



LOG OF WATER WELL	Test	
Property owner Hamland C. Turner	Well N	0
Drilled by R . C . Baker & Sons	Year	1954
Formations passed through	Thick- ness	Depth of Bottom
Seil	1'	1.
Yellow Clay	10'	11.
Yellow Sandy Clay	21'	32'
Blue Clay	74'	106'
Green Clay	-61	112
	<del></del>	
[Continue on back if necessary]		<u> </u>
Finished in TAST HOLE at to	)	ft
Cased withinchfrom 0 to	)	ft
and inch from to	)	ft
Size hole below casinginch. Static level from surf		ft
Tested capacitygal. per min. Temperatur	·e	°F
Water lowered toftin. inhr	s	min
Length of test hrs min. Screen		
Slot Diam Length Bottom set		
Township name H111sboro Elev.	s	e <b>c.<u>10</u></b>
Description of location 1 mile west of	T	wp. 8 12
Hillsboro , Ill.	R	ge. R. 4
County Montgomy  Copy for Illinois State Water Survey  Index:		
of Hillsboro, Ill. MENESO	R	<sub>ge</sub> <b>R</b> 4W

County\_

Index:

Copy for Illinois State Water Survey

LOG OF WATER WELL

Property owner H. C. Turner	Test # 2 _Well No	
Drilled by Bakes & Sons	Year	1956
Formations passed through	Thick- ness	Depth of Bottom
Soil	1	1
Yellow clay	10	11
Yellow sning clay	21'	321
Blue clay Green Clay	741	106
	6	112'
Blue Clay	8	120
Lime (water)	9'6	* 1291
Black Shale	11	131'
Blue Shale	1	132'
Finished in	<u>. 12</u>	
Size hole below casinginch. Static level from sur	<sub>f</sub> 26	ft.
Tested capacitygal. per min. Temperatu  Water lowered toftin, in6h	rs	min.
Length of test hrs. min. Screen		The same of the same same of the same same of the same same same of the same same same same same same same sam
Slot Diam Length Bottom se [Show location in Sec Township name Elev. [Show location in Sec In the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	tion Plat]	
one mile west	11	
of Hillsboro, III. NANDA	1 1	wp. 8 M/
F.F. & J.C. Baker Montgom	Pry R	ge.4 <b>4</b> T



Page 1

#### ILLINOIS GEOLOGICAL SURVEY, URBANA

Strata	Thickness	Тор	Bottom
Soil lue soft clay Hard blue clay Plue sand packed lue sandy clay Lime?	2 11 12 8	0 2 7 10 30	2 7 18 30 38 Ti
		ļ	

COMPANY FARM DATE DRILLED AUTHORITY

...C. Beker & Sons Turner, Harland, County No. 388 1956

ELEVATION

E.C. Faker & Sons

LOCATION COUNTY

1 mile west of Hillsboro, Ill. MONTGOMERY



10-8N-4W

Cobl top
Signed State Water Survey
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Lawred Waynoo H.
Description of location
M 12 92H Januar qidsnwoT
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